

# COOK COUNTY HIGH SCHOOL EQUIVALENCY RECORDS OFFICE

## ILLINOIS HIGH SCHOOL EQUIVALENCY CERTIFICATE & TRANSCRIPT OF TEST SCORES REQUEST FORM

### Candidate Instructions:

- ⇒ Use this form **only if you** tested on paper-and-pencil in a Cook County GED® testing center from 1942 to December 31, 2013, or Cook County residents who tested for GED® test, HiSET® exam, or TASC™ tests on computer after October 1, 2012.
- ⇒ Complete and mail this form with a copy of a valid photo ID, and appropriate payment. Candidate's signature and copy of photo ID is required for processing the request.
- ⇒ Payment must be made with a money order or cashier's check **payable to ICCB**; NO personal checks, cash, or credit cards. **Fees paid are non-refundable.**
- ⇒ Allow 2 to 3 weeks for processing and delivery. We do not e-mail credentials (i.e. Official Transcript of Test Scores, Certificate).
- ⇒ Any questions? Call (312) 814-4488 or send an email to customerservice@cookcountyhse.org.

### Section 1: Ordering HSE Credentials - Check all that apply and write the number of item (s) you are requesting.

<input type="checkbox"/> Certificate \$10 X Quantity: _____	<input type="checkbox"/> Transcript: \$10 X Quantity: _____	Total Amount Enclosed: \$ _____
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### Section 2: Candidate Information – Please print with black ink pen.

Name During Test (Required) <i>First, Middle, Last</i>	Social Security No. or GED/HiSET/TASC ID (Required)
Current Legal Name (Required if different from above) <i>First, Middle, Last</i>	Date of Birth (Required) <i>MM/DD/YYYY</i>

**Note: Proof of name change is required to verify candidate's identity (i.e. copy of marriage certificate, court order).**

**We will not issue certificates and/or transcript in any name other than the name used during testing.**

Current Address (Required) - <i>Number and Street Address or PO Box</i>		Apartment/Suite/Unit Number
City (Required)	State (Required)	Zip Code (Required)
Telephone Number (Required)	E-mail Address (Optional)	
Center/Place Where You Tested (Optional)	Year Tested (Optional)	

### Section 3: Transcript Recipient - Complete this section only if transcript is not being sent to the address given above.

Name of Business, Education Institution, Etc....		Attention <i>Specific Individual or Department</i>
Mailing Address - <i>Number and Street Address or PO Box</i>		Apartment/Suite/Unit Number
City	State	Zip Code

### Section 4: Candidate Verification - Candidate's Signature is required along with copy of photo ID (i.e. Driver's License, Passport, or other government-issued photo ID).

I hereby certify under penalty of law that I am the Candidate identified on this form and I authorize the Cook County HSE Records office to release my test results to the parties above.

Candidate's Signature (NO electronic signatures)

ATTACH COPY OF  
GOVERNMENT-ISSUED PHOTO ID HERE.

Current and valid photo ID required. Requests will not be processed without a copy of photo ID.

Return this form, required documentation, and appropriate form of payment to:  
**Illinois Community College Board**  
**Attn: Cook County HSE Records Office**  
**100 W Randolph St, Suite 2-010**  
**Chicago, IL 60601-3219**

<p><b>For Office Use Only</b></p> <div style="height: 80px;"></div>
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