

Release of GED Information

Regional Office of Education # 40

**826 N. Broad St.
Carlinville, IL 62626
217-854-4016 / FAX – 217-854-2032**

OR

**303 W. Exchange St.
Jerseyville, IL 62052
618-498-5541 / FAX – 618-498-5543**

Today's Date: _____
Name at Time of Testing: _____
Date of Birth: _____
Social Security #: _____
Date/Year of Testing _____

This information must be completed. If you are unsure of the exact date of testing please put the year or closest estimate possible.

I am requesting that my GED (Circle One) **Certificate** **Transcript** be released to

Name: _____

Address: _____

I understand that there is a \$10.00 fee for the Certificate and a \$3.00 fee for the transcript which must be paid before my information is sent. (The fee should be made payable to ROE # 40 and sent by money order to the appropriate address above.)

Your Signature

OR, IF NO CERTIFICATE OR TRANSCRIPT IS NEEDED PLEASE INITIAL HERE _____

AND PASS/FAIL VERIFICATION WILL BE FAXED.

Enter the name of the person and the fax number that the verification should be sent to:

Name: _____

Fax Number: _____

Your Signature

Verification (for ROE use)

Name of Person Testing _____
Date of Test _____
Passed _____ Failed _____
Signature of ROE Representative _____