



**Bond-Christian-Effingham-Fayette-Montgomery County
High School Equivalency Testing Program
Transcript and Certificate Request Form
GREENVILLE-TAYLORVILLE-EFFINGHAM-VANDALIA-HILLSBORO**

Mail your request to: **Regional Office of Education
300 South 7th Street
Vandalia, IL 62471
Phone number: (618) 283-5011
Fax number: (618) 283-5013**

*Use this form to request copies of your high school equivalency transcript or diploma (certificate) **only if you tested in Bond, Christian, Effingham, Fayette or Montgomery County, Illinois.** Please complete this form and submit it with a money order payable to the Regional Office of Education for the proper amount (\$5.00 for each transcript and \$10.00 for each certificate) to the above address. Please allow 7-10 business days for delivery. **Fees paid are NOT refundable.***

Mark the number of each item you are requesting.

[] **Transcript:** (\$5.00 per copy) Today's date: _____

[] **Certificate:** (\$10.00 per copy) Total dollar amount enclosed: \$ _____

MONEY ORDER MUST BE MADE PAYABLE TO ROE #3. No personal checks. Fees are non-refundable.

Personal Information

Name used at time of test: _____ *(Note: Proof of name change will be required)*

Current Name: _____ Social Security Number _____

Current Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Date of Test: _____ Location of test: _____

My signature below shows that I authorize my scores to be released.

Signature _____ Date _____

Transcript Recipient Information

Complete this section ONLY if this transcript is not being sent to you. (Colleges, Employers, etc.)

Name of College: _____ Attention: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Institution/Employer: _____ Attention: _____

Address: _____ City: _____ State: _____ Zip: _____