

Regional Office of Education #11

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REQUEST FOR GED INFORMATION

PLEASE PRINT CLEARLY		
Name:	Phone # ()
Current Address / City / State / Z		
	Social Security Number	
Location of Testing Center:	Mattoon (MAAEC) Other ()
Last Name at time of Testing		
Date and Year of GED Test Com	pletion	
Complete address where (transc	ript/certificate) is to be sent:	
I certify that the above informatio	n is correct to the best of my knowledge.	
Student Signature		Today's Date
Each official transcript is \$3.00	Number of Transcripts	
Each Certificate is \$10.00	Number of Certificates	

ABOVE FEES ARE NON-REFUNDABLE
We accept cash, personal check or money orders.
Please make check and/or money order payable to **Regional Office of Education #11**