

KANE COUNTY REGIONAL OFFICE OF EDUCATION

PATRICIA DAL SANTO
Regional Superintendent of Schools

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Geneva, IL 60134



Phone: (630) 232-5958
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www.kaneroe.org

GED TRANSCRIPT / CERTIFICATE REQUEST FORM (ALL REQUESTS TAKE 7-10 BUSINESS DAYS)

PLEASE PRINT CLEARLY

Date: _____

Name: _____ Phone number _____

Address/City/St/Zip: _____

Date of Birth _____ Social Security Number ____-____-____

Name of Testing Center: IYC-St. Charles Waubonsee C.C. Elgin CC
(check one) U46 District Kane County ROE Other (_____)

Last Name at time of Testing _____

Date and Year of GED Test Completion _____

Complete address where (transcript/certificate) are to be sent:

I certify that the above information is correct to the best of my knowledge.

Student Signature **Today's Date**

Each Transcript or verification is \$3.00. Number of Transcripts _____

Each Certificate is \$10.00. Number of Certificates _____

ABOVE FEES ARE NON-REFUNDABLE

We accept money orders, VISA or Master Card
If using VISA or Master Card, please fill in following information

Credit card number _____
Expiration date: Month _____ Year _____
Zip code: _____
Signature: _____

~ PROVIDING LEADERSHIP IN THE LEARNING COMMUNITY ~