COOK COUNTY GED® TESTING PROGRAM

REQUEST FORM FOR
GED CERTIFICATE & OFFICIAL TRANSCRIPT OF GED TESTS RESULTS

Mail Request To: **ICCB-GED** **P.O. Box 88725 ● Chicago, IL 60680-1725** **Phone: (847) 328-9795**

➤*Instructions – Read Carefully*◁

Use this form to request a GED Certificate or Official Transcript of GED Tests Results, **only if you tested in Cook County, Illinois**. You may be eligible to receive a Certificate and/or Official Transcript of GED Tests Results free of charge. DO NOT FILL OUT THIS FORM FOR A FREE CERTIFICATE OR TRANSCRIPT, please contact our office at (847) 328-9795 and press '0' to speak to a Customer Service Representative. To request additional certificates or transcripts complete this form and submit it with a money order or cashier's check payable to **ICCB-GED** in the correct amount ($3.00 for each transcript and $10.00 for each certificate) to the address above. Please allow 2-3 weeks for delivery. **Fees paid are NON-REFUNDABLE.** If you are ordering a transcript and a certificate, the certificate will be sent separately. Please PRINT or TYPE.

Mark the number of each item you are requesting.

[__X__] **Official Transcript: ($3.00 each)**

[_____] **Certificate   ($10.00 each)**
(*If you paid a $35 or $50 application fee, your certificate will be sent to you at no additional charge. DO NOT send this form in __unless__ you are requesting additional certificates*.)

Today's Date: _____/_____/_____

Total Amount Enclosed: $__3.00_____
(***Money order and cashier's checks must be made payable to ICCB-GED. No personal checks, cash, or credit cards will be accepted. Fees are non-refundable and non-transferable***)

PERSONAL INFORMATION

Name Used at Time of Test: _____
(*Note: Proof of name change will be required*)   *First Name*   *Middle Name or Initial*   *Last Name*

Current Name: _____
(**If different from the name used at time of testing**)   *First Name*   *Middle Name or Initial*   *Last Name*

Social Security Number or ID #:_____   Date of Birth:_____/_____/_____

Current Address:_____ Apartment #:_____

City:_____ State:_____ Zip:_____ Phone Number:(____)_____

Date of Test: (*approximately*)_____/_____/_____ Test Center:_____

Print your name on the line below exactly the way you want it to appear on your GED Certificate.
* (*If name differs from name on file, proof will be required. See the back of this form for more information*)

_____   _____   _____
          First Name   **Middle Name or Initial**   **Last Name**

TRANSCRIPT RECIPIENT INFORMATION

Complete this section ONLY if this transcript is _not_ being sent to you. (Colleges, Employers, Institutions etc.)

Name of **College**:__South Suburban College_____   Attention: **Office of Admissions and Records**

Address:__15800 S. State Street_____ City:__South Holland__ State:__IL__ Zip Code:__60473__

Name of **Institution/Employer**: _____   Attention:_____

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

My signature below shows that I authorize my GED scores to be released the above institution.

*Signature*_____ *Date*_____

Please Keep a Photocopy for your Records!

IMPORTANT INFORMATION ABOUT CHANGES/CORRECTIONS ON YOUR NAME, SOCIAL SECURITY NUMBER, AND/OR DATE OF BIRTH

<u>Change of Name:</u> If your name has changed since the last time you took the GED Tests, and you would like your GED records to be updated, you must provide the following documents:

- Photocopy of Marriage License, Divorce Decree or Court Order documents, <u>and</u>
- Photocopy of valid State ID, Driver's License, Consulate ID or Passport, <u>and</u>
- Photocopy of Social Security Card.

<u>Change or Correction of Social Security Number:</u> If your Social Security Number has been changed or is incorrect on your GED records, and you would like your Social Security Number to be corrected, you must provide the following documents:

- <u>A Notarized letter</u> explaining your SSN has changed from: <u>Provide SSN used at time of test</u> to: <u>Provide current SSN</u> and would like your SSN to be updated. Letter MUST include candidate's Current Name, Date of Birth and current address, <u>and/or</u>
- Print out of all your Social Security Number issued by the Social Security Administration, <u>and</u>
- Photocopy of <u>new</u> Social Security Card, <u>and</u>
- Photocopy of valid State ID or Driver's License, Consulate ID or Passport.

<u>Change or Correction of Date of Birth</u>: If your Date of Birth is incorrect on you GED records, you must provide the following documents:

- Photocopy of your Birth Certificate, <u>and</u>
- Photocopy of valid State ID or Driver's License, Consulate ID or Passport.

If you have any further questions, please contact the Cook County GED office at (847)328-9795