

# DUPAGE REGIONAL OFFICE OF EDUCATION

## HIGH SCHOOL EQUIVALENCY CERTIFICATE AND/OR TRANSCRIPT REQUEST FORM

**RETURN THIS COMPLETED FORM ALONG WITH PAYMENT AND COPY OF CURRENT PHOTO ID to:**

DUPAGE REGIONAL OFFICE OF EDUCATION Attn: GED/HSE Department  
421 N. County Farm Rd., Wheaton, IL 60187

[ \_\_\_\_\_ ] Official HSE Transcript (\$10.00 each)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[ \_\_\_\_\_ ] Official HSE Certificate (\$10.00 each)

Total Amount Enclosed: \$ \_\_\_\_\_ \*\*\*

\*\*\* Mail In Request payment must be made via Cash, Cashier's Check or Money Order made payable to DuPage ROE.

\*\*\* Walk In Requests may pay via above payment methods or Visa/Mastercard.

**NO PERSONAL CHECKS ACCEPTED. Fees are non-refundable and non-transferable.**

### PERSONAL INFORMATION

Name Used at the Time of Test: \_\_\_\_\_  
*First Name Middle Name or Initial Last Name*

Current Last Name (if different): \_\_\_\_\_

Social Security Number or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Test Taken: GED HiSet TASC

Date of Test: (approximately) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Test Center: \_\_\_\_\_

### DOCUMENT RECIPIENT INFORMATION

**Complete this section ONLY if this document is not being sent to you at the above address. (Complete if sending to Colleges, Family Members, etc.)**

College or Recipient: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If documents are to be sent to multiple recipients, please list additional on separate paper*

### AUTHORIZED SIGNATURE

***My signature below shows that I authorize my HSE document(s) to be released to the above recipient.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ROE USE ONLY: ID Present: \_\_\_\_\_ Payment Method: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT CHANGES/CORRECTIONS TO YOUR NAME,  
SOCIAL SECURITY NUMBER, AND/OR DATE OF BIRTH  
ON HIGH SCHOOL EQUIVALENCY (HSE) RECORDS**

**Correction of Name:** If your name has been misspelled in your HSE records you must provide:

- Photocopy of current, government-issued photo ID showing correct name

**Change of Name:** Once the HSE has been credentialed, a name change due to marriage or divorce cannot be completed. The name can only be changed if you have legally changed your name by court order. To change the name in your HSE record you must provide:

- Court Order documents showing legal name change, and
- Photocopy of current, government-issued photo ID showing new name

**Correction of Social Security Number:** If your Social Security Number has been entered incorrectly in your HSE records you must provide the following documents:

- Social Security Card, and
- Photocopy of current, government-issued photo ID.

**Change of Social Security Number:** If your Social Security Number has been changed, and you would like your Social Security Number changed in your HSE record, you must provide the following documents:

- Documentation from Social Security Office showing change, and
- New Social Security Card, and
- Photocopy of current, government-issued photo ID

**Correction of Date of Birth:** If your Date of Birth is incorrect in your HSE records, you must provide the following documents:

- Photocopy of your Birth Certificate, and
- Photocopy of current, government-issued photo ID

**If you have any further questions, please contact the  
DuPage Regional Office of Education at (630) 407-5800.**