



## HIGH SCHOOL EQUIVALENCY DIPLOMA AND/OR TRANSCRIPT REQUEST

### DOCUMENT INFORMATION

Official Transcript  
(\$10.00 each)

Number requested \_\_\_\_\_

Official Diploma  
(\$10.00 each)

Number requested \_\_\_\_\_

### PAYMENT

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

\*\*\*Mail-in Request payments **must** be made via Cashier's Check or Money Order made payable to **DuPage ROE**

\*\*\*Walk-in Requests may be paid via the above payment methods or Cash, Visa/Mastercard

**NO PERSONAL CHECKS ACCEPTED. FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

### PERSONAL INFORMATION (ID REQUIRED)

Documents generated with the name at the time of testing

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

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

ID # OR Last four of SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Approx Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Test Center: \_\_\_\_\_ Test Taken: GED / HiSet / TASC

### DOCUMENT RECIPIENT INFORMATION

Complete ONLY If this document is **not** being sent to you at the above address. Please list additional recipients on the backside

College or Recipient: \_\_\_\_\_ \*\*\*

\*\*\*Please see the reverse side for more information

Attention: \_\_\_\_\_

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

Email: \_\_\_\_\_ \*\*\* Any document sent via email is **Unofficial**

### AUTHORIZED SIGNATURE

**My signature below shows that I authorize the release of my HSE documents:**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**IF MAILING IN**  
ATTACH A COPY OF GOVERNMENT-ISSUED PHOTO  
ID. Current and valid photo ID is required. Requests  
mailed in without a photo ID will not be processed.



**HIGH SCHOOL EQUIVALENCY DIPLOMA AND/OR TRANSCRIPT INFORMATION**

**Correction of Name:**

If your name has been misspelled in your HSE records, you must provide –

- A photocopy of your current, government-issued photo ID, showing the correct name

**Change of Name:**

Once the HSE has been credentialed, a name changes 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 the legal name change AND
- Photocopy of current, government-issued photo ID

**Correction of Social Security Number:**

If your SSN has been entered incorrectly in your HSE records, you must provide –

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

**Change of Social Security Number:**

If your SSN has been changed, and you would like your SSN changed in your HSE record, you must provide –

- Documentation from the Social Security Office showing the 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 record, you must provide –

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

**Third-Party Release:**

If you want someone to pick up the document(s) for you, **email the completed form to [gedhse@dupageroe.org](mailto:gedhse@dupageroe.org) with a copy of your photo ID.** Put the person who is picking up the document's contact information in the 3rd section of the form under "*Document Recipient Information*". When they come to get the document(s) they need to have their PHOTO ID, and payment in the form of Cash, Visa, MasterCard, Cashier's Check, or Money Order. They will also need a copy of the form you emailed to our office.

**Additional Document Recipient Information:**

Complete ONLY if you need to send your documents to additional recipients.

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

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

Email: \_\_\_\_\_ \*\*\* Any document sent via email is *Unofficial*

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

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

Email: \_\_\_\_\_ \*\*\* Any document sent via email is *Unofficial*