HIGH SCHOOL EQUIVALENCY DIPLOMA AND/OR TRANSCRIPT REQUEST

DOCUMENT INFORMATION

<table>
<thead>
<tr>
<th>Official Transcript</th>
<th>Official Diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td>($10.00 each)</td>
<td>($10.00 each)</td>
</tr>
<tr>
<td>Number requested</td>
<td>Number requested</td>
</tr>
</tbody>
</table>

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.
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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 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 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 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 Official

College or Recipient: ___________________________ Attention: ___________________________
Address: ______________________ City: ______________________ State: ______ Zip: ______
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