GED TRANSCRIPT REQUEST FORM

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Last First Middle

_____

Name tested under (if different from above)

_____

Street City State Zip Code

_____

Phone Number SS# Date of Birth

_____

Date Signature

Transcript should be sent to:

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Note: There is a **$5.00 fee** (check, cashier's check, or money order) payable to the **Regional Office of Education (please do not send cash in the mail)** for issuance of an official GED transcript.

Send fee and request form to:

Regional Office of Education
Attn: Priscilla McElroy
507 Vermont Street
Quincy, IL 62301

If you have any questions, please call me at 217-277-2080.