

GED Verification

To request a copy of your GED transcript and/or certificate please complete and mail this form, along with your payment by check or money order made payable to **Regional Office of Education #40.**

If you completed your GED in Macoupin County send to:

ROE #40
227 East 1st South St.
Carlinville, IL 62626

If you completed your GED in Calhoun, Greene, or Jersey County send to:

ROE #40
201 W. Exchange St.
Jerseyville, IL 62052

Please indicate quantity

Official Transcript _____ @ \$10.00 ea

Diploma _____ @ \$10.00 ea

Please print clearly

Last Name _____ **First Name** _____ **MI** _____

Current Address _____

City/ST/Zip _____

Date of Birth _____ **Social Security #** _____

Phone _____ **Last Name at time test was taken** _____

City where test taken _____ **Year test was taken** _____

This information must be completed. If you are unsure of the exact date of testing please put the year or closest estimate possible.

Signature _____ **Date** _____

If you would like it sent to a different location please include that information here:

