

# KANE COUNTY REGIONAL OFFICE OF EDUCATION

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*Regional Superintendent of Schools*

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PLEASE PRINT CLEARLY  
GED TRANSCRIPT / CERTIFICATE REQUEST FORM  
(ALL REQUESTS TAKE 5-7 BUSINESS DAYS)

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

Name: \_\_\_\_\_ Phone number \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Name of Testing Center: \_\_\_ IYC-St. Charles \_\_\_ Waubensee C.C. \_\_\_ Elgin CC  
(check one) \_\_\_ U46 District \_\_\_ Kane County ROE \_\_\_ Other (\_\_\_\_\_)

Last Name at time of Testing \_\_\_\_\_

Date and Year of GED Test Completion \_\_\_\_\_

Complete address where (transcript/certificate) are to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Today's Date**

Each Transcript/verification is \$6.00  
Each Certificate is \$10.00.

**Number of Transcripts** \_\_\_\_\_  
**Number of Certificates** \_\_\_\_\_

ABOVE FEES ARE NON-REFUNDABLE  
**We accept money orders, VISA or Master Card.**

**Credit card number:** \_\_\_\_\_ **Expiration Date (Month/Year)** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_