



REGIONAL OFFICE OF EDUCATION  
KANE COUNTY

**ILLINOIS HIGH SCHOOL EQUIVALENCY CERTIFICATE & TRANSCRIPT OF TEST SCORES REQUEST FORM**

**Candidate Instructions:**

- Use this form **only if** you took the HSE test on paper-and pencil in Kane County before December 31, 2013 or on computer in Illinois while living in Kane County.
- Complete and mail this form with a copy of a valid photo ID, and appropriate payment. Candidate's signature and copy of photo ID is required for processing the request.
- Payment must be made with cash, MasterCard, Visa or money order in the exact amount **payable to Kane County ROE. No personal checks. Fees paid are non-refundable.**
- Allow 2 to 3 weeks for processing and delivery. We do not e-mail credentials (Official Transcript or Certificate).
- Any questions: Call 630-444-3060.

**Section 1: Ordering HSE Credentials – Write the number of item(s) you are requesting.**

|   |   |
|---|---|
| Each Transcript/Verification is \$8.00<br>Number of Transcripts _____ | Each Certificate is \$10.00<br>Number of Certificates _____ |
|---|---|

|                    |                       |            |
|--------------------|-----------------------|------------|
| Credit Card Number | Expiration Date MM/YY | CVC Number |
| Signature          | Billing ZIP Code      |            |

**Section 2: Candidate Information**

|   |               |
|---|---------------|
| Name During Test (First, Middle, Last)                |               |
| Current Legal Name (Required if different from above) | Date of Birth |

|  |                           |                             |
|--|---------------------------|-----------------------------|
| Name of Testing Center                     |                           | Year Tested                 |
| Current Address – Street Address or PO Box |                           | Apartment/Suite/Unit Number |
| City                                       | State                     | ZIP Code                    |
| Telephone Number                           | E-mail Address (Optional) |                             |

**Section 3: Transcript Recipient – Complete this section if transcript is being sent to an address other than the address in Section 2 above.**

|  |       |                             |
|--|-------|-----------------------------|
| Name of Business, Education Institution    |       | Individual or Department    |
| Mailing Address – Street Address or PO Box |       | Apartment/Suite/Unit Number |
| City                                       | State | ZIP Code                    |

**Section 4: Candidate Verification – Candidate's signature is required along with a copy of photo ID (Example: Driver's License, Passport, or other government-issued photo ID).**

I hereby certify under penalty of law that I am the candidate identified on this form and I authorize the Kane County HSE Records Office to release my test results to the parties above.

|                       |
|-----------------------|
| Candidate's Signature |
|-----------------------|

**ATTACH COPY OF GOVERNMENT-ISSUED PHOTO ID.  
Current and valid photo ID required. Requests will not be processed without a copy of photo ID.**