



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.

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|--|---|
| Each Transcript/Verification is \$10.00 Number of Transcripts _____ | Each Certificate is \$10.00 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.

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|-----------------------|
| 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.**