



REGIONAL OFFICE OF EDUCATION
KANE COUNTY

Today's Date: _____

ILLINOIS HIGH SCHOOL EQUIVALENCY DIPLOMA & TRANSCRIPT 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 or email 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, credit/debit card, 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 Diploma).
- If you passed the GED/HSE in the past 6 months at Kane ROE, you are entitled to 1 free diploma.
- Any questions: Call 630-232-5955 or email gedtranscripts@kaneroe.org

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

Each Transcript/Verification is \$10.00 Number of Transcripts _____	Each Diploma is \$10.00 Number of Diplomas _____
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
Telephone Number		E-mail Address (Optional)
Current Address – Street Address or PO Box		Apartment/Suite/Unit Number
City	State	ZIP Code
Name of Testing Center		Year Tested

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.

Processed By: _____ Date: _____