



Regional Office of Education #11
730 7th St. • Charleston, IL 61920
Telephone: (217) 348-0151 • Fax (217) 348-0171
www.roe11.k12.il.us

Bobbi Mattingly, Ph.D.
Regional Superintendent of Schools
bmattingly@roe11.org

Kyle Thompson, Ph.D.
Assistant Regional Superintendent of Schools
kthompson@roe11.org

REQUEST FOR GED INFORMATION

PLEASE PRINT CLEARLY

Current Name: _____ Phone # (____) _____

Current Address / City / State / Zip:

Date of Birth _____ Social Security Number _____ - _____ - _____

Previous Name(s) _____

Year of GED Test Completion _____

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

If requesting transcript to be faxed, please include name of company (if applicable), contact person and fax number.

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

Student Signature

Today's Date

Each official transcript is \$8.00

Number of Transcripts _____

Each Certificate is \$10.00

Number of Certificates _____

ABOVE FEES ARE NON-REFUNDABLE
We accept cash, personal check or money orders.
Please make check and/or money order payable to **Regional Office of Education #11**