

GED TRANSCRIPT REQUEST
Iroquois-Kankakee Regional Office of Education
189 E, Court Street • Suite 600 • Kankakee, IL 60901

Soc. Sec. No. _____

STUDENT'S INFORMATION (Please Print)

Date Requested _____

Last First Middle

PHONE NUMBER

Present Address

DATE GED COMPLETED

City State Zip Code

MAIDEN NAME: _____

PLEASE MAIL _____ COPIES OF MY REPORT TO THE ADDRESS BELOW.

Student's Signature

PLEASE PRINT CLEARLY	_____ Organization or Individual
	_____ Address
	_____ City State Zip Code

OFFICE USE ONLY	
FEES _____	DATE _____
REC'D BY _____	
REPORT SENT	
DATE _____	
BY _____	

Only money order or cash will be accepted. Fees are: Transcripts only; \$3.00 VIA Mail OR in person; \$10.00 for Diploma; \$13.00 for Diploma and Transcript picked up in person; and \$14.00 for Diploma and Transcript mailed.