



REQUEST FOR GED DUPLICATE CERTIFICATE OR OFFICIAL TRANSCRIPT/SCORE REPORT

Current Name: _____
Last First Middle

Name at time of testing (if different from above): _____

Other names under which record could be: _____

Social Security Number: _____ Date of Birth: _____

When did you test? _____ Where did you test? _____

Did you ever receive a diploma? Yes No

Current Address: _____
Street City, State ZIP

Phone Number: _____

Where do you want your information mailed? *(Please include complete name & address)*

Signature _____ Date _____

WHAT ARE YOU REQUESTING?

- Duplicate Certificate (\$10; includes transcript)
 Official Transcript/Score Report (\$5)

Mail fee and request form to:
Whiteside Regional Office of Education
ATTN: GED
1001 W. 23rd St.
Sterling, IL 61081

Please include an additional \$5 for postage if you are requesting that a certificate be mailed.

Questions may be directed to 815/625-1495.