



McHenry County Regional Office of Education

Diana Hartmann, Ed.S.
Superintendent

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McHenry, IL 60050-5419

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Christopher M. Zielinski
Assistant Superintendent

HIGH SCHOOL EQUIVALENCY (GED) TRANSCRIPT/DIPLOMA REQUEST FORM

Name _____ Phone Number _____

Name tested under (if different) _____

Address _____

City _____ State _____ Zip _____

Email Address: _____ Date of Birth _____

Year of High School Equivalency (GED) Test Completion (If known) _____

Signature _____ Date _____

Print name, address and/or email where transcript and/or certificate are to be sent:

Fees

Official Transcript \$10.00 each Quantity: _____
 Diploma \$10.00 each Quantity: _____ Total Due: \$ _____

We accept money order, personal check, or credit card.

Please make payable to McHenry County ROE.

Send fee and this request form to:
McHenry County Regional Office of Education
408 State IL Route 31, McHenry, IL 60050-5419
Or call for an appointment to pick up: (815) 334-3039

To be completed by ROE:
Amt Paid: \$ _____ Date: _____ CC / Check #: _____