

**St. Clair County Regional Office of Education**  
**1000 South Illinois Street**  
**Belleville, IL 62220**  
**Phone: 618-825-3900**  
**Fax: 618-825-3999**

### **GED Transcript Request**

Examinee's Current Name: \_\_\_\_\_

Examinee's Full Name at Time of Testing: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### **Ordering Information**

**\*Please allow 2 weeks for processing\***

Official copies of GED Transcripts and diplomas require a payment and this order form to be emailed to [transcripts@sccroe50.org](mailto:transcripts@sccroe50.org) or mailed to:

**St. Clair County Regional Office of Education**  
**1000 South Illinois Street**  
**Belleville, IL 62220**

\_\_\_\_\_ Examinee is requesting an official GED transcript (\$10.00)

\_\_\_\_\_ Examinee is requesting an official GED diploma (\$10.00)

\_\_\_\_\_ Examinee is requesting an unofficial transcript be faxed to an agency

Please list agency name and fax number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ GED examiner requesting GED transcripts

I hereby authorize the St. Clair County Regional Office of Education to release my GED records to the listed address or examiner/agency.

**Signature of Examinee:** \_\_\_\_\_

Please include the address transcripts should be mailed to:

\_\_\_\_\_