



**REGIONAL OFFICE OF EDUCATION**  
**LASALLE, MARSHALL & PUTNAM**

Christopher B. Dvorak - Regional Superintendent  
Matthew Winchester - Asst. Regional Superintendent

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I, the undersigned, request that a transcript/certificate of my HSE or High School Equivalency scores/ records be forwarded to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Attn \_\_\_\_\_

Please find my records under

\_\_\_\_\_  
Student's Name Printed

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Student's Social Security Number

\_\_\_\_\_  
GED Completion Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Name Printed

\_\_\_\_\_  
Student's Address

*For office use only*

***Payment by cash or money order only.***

\_\_\_\_\_ \$10 transcript

\_\_\_\_\_ \$10 certificate

\_\_\_\_\_ Copy Photo ID