



# ROE #53

## Mason-Tazewell-Woodford Counties

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Mark the number of each item you are requesting.

(\_\_\_\_\_) Transcript: (\$6.00 per copy)

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(\_\_\_\_\_) Certificate (\$10.00 per copy)

Total Dollar amount enclosed: \$\_\_\_\_\_  
(Money order must be made payable to  
"Regional Office of Education". Fees are non-refundable.)

### Personal Information

Name used at time of test: \_\_\_\_\_

Current Name: \_\_\_\_\_ Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone No.(\_\_\_\_) \_\_\_\_\_

County Where Test Was Taken: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize my GED scores to be released.

### Transcript Recipient Information

*Complete this section only if the transcript is not being sent to you.*

Name of College: \_\_\_\_\_ ATTN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ ATTN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_