



**Bond-Christian-Effingham-Fayette-Montgomery County  
High School Equivalency Testing Program  
Transcript and Certificate Request Form  
GREENVILLE-TAYLORVILLE-EFFINGHAM-VANDALIA-HILLSBORO**

Mail your request to: **Regional Office of Education  
203 S. Main St.  
Hillsboro, IL 62049  
Phone number: (217) 532-9591  
Fax number: (217) 532-5756**

*Use this form to request copies of your high school equivalency transcript or diploma (certificate) **only if you tested in Bond, Christian, Effingham, Fayette or Montgomery County, Illinois.** Please complete this form and submit it with a money order payable to the Regional Office of Education for the proper amount (\$10.00 for each transcript and \$10.00 for each certificate) to the above address. Please allow 7-10 business days for delivery. **Fees paid are NOT refundable.***

Mark the number of each item you are requesting.

[  ] **Transcript:** (\$10.00 per copy) Today's date: \_\_\_\_\_

[  ] **Certificate:** (\$10.00 per copy) Total dollar amount enclosed: \$ \_\_\_\_\_

**MONEY ORDER MUST BE MADE PAYABLE TO ROE #3. No personal checks. Fees are non-refundable.**

**Personal Information**

Name used at time of test: \_\_\_\_\_ *(Note: Proof of name change will be required)*

Current Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Test: \_\_\_\_\_ Location of test: \_\_\_\_\_

*My signature below shows that I authorize my scores to be released.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transcript Recipient Information**

***Complete this section ONLY if this transcript is not being sent to you. (Colleges, Employers, etc.)***

Name of College: \_\_\_\_\_ Attention: \_\_\_\_\_

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

Name of Institution/Employer: \_\_\_\_\_ Attention: \_\_\_\_\_

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

**REGIONAL OFFICE OF EDUCATION #3**  
**Statement of Purpose for Collection of Social Security Numbers**

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by this REGIONAL OFFICE OF EDUCATION #3 to provide your SSN or because you requested a copy of this statement.

**Why do we collect your Social Security number?**

You are being asked for your SSN for one or more of the following reasons:

- Complaint mediation or investigation;
- Crime victim compensation
- Vendor services, such as executing contracts and/or billing;
- Law enforcement investigation
- Child support collection
- Internal verification
- Administrative services; and/or
- Other: \_\_\_\_\_

**What do we do with your Social Security number?**

- We will only use your SSN for the purpose for which it was collected.
- We will not:
  - Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
  - Publicly post or publicly display your SSN;
  - Print your SSN on any card required for you to access our services;
  - Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or
  - Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN