

Monroe-Randolph Regional Office of Education
107 E. Mill Street
Waterloo, IL 62298
Phone (618) 939-5650
Fax (618) 939-5332

RELEASE OF INFORMATION

I, _____, authorize release of my High School Equivalency scores.
(Print name used at time of testing.)

Put an X by the location at which the GED/HiSET/TASC was taken: _____ Monroe-Randolph
Regional Office, _____ Menard Correctional Center or _____ Chester Mental Health Ctr.

My social security number is _____ and my birth date is
_____. I tested on or about _____ (year).

- _____ I am requesting a duplicate **certificate**—my name and date of completion on parchment. I have enclosed a **\$10.00 money order made payable to ROE #45 or \$10.00 cash. NO PERSONAL CHECKS.**
- _____ I am requesting a duplicate **transcript**—the score report that most schools and employers require. I have enclosed a **\$10.00 money order made payable to ROE #45 or \$10.00 cash. NO PERSONAL CHECKS.**

This signed release is required before issuance of a certificate or transcript. Only one duplicate form per fee. Please send the completed and signed release and fees to the Waterloo address above.

_____ Send transcript and/or certificate to: _____

_____ Fax transcript and/or certificate to: _____

Signature (current name) and phone number

Date