**Illinois High School Equivalency Certificates Order Form**

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| **Quantity** | **Item** |
|  | Illinois Community College Board High School Equivalency Certificates  *Note: Bundled in sets of* ***50****. Maximum order of* ***300 total****.* |

**Ordering Agency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Regional Office of Education | | | | # |
| Attention: |  | | | |
| Street Address: | |  | | |
| City, State, Zip Code: | | |  | |
| Email Address:  *(used by ICCB staff to share shipment details)* | | |  | |

**Comments or Delivery Directions**

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**Order Requested by:**       **Date Requested:**

**Completed form may be emailed to** [**hse@illinois.gov**](mailto:hse@illinois.gov) **(*preferred*) or faxed to 217-558-6700.**

**ICCB USE ONLY**

|  |  |
| --- | --- |
| **Received:** | **Completed:** |
| **Completed by:** | **Comments:** |