COOK COUNTY HIGH SCHOOL EQUIVALENCY RECORDS OFFICE

ILLINOIS HIGH SCHOOL EQUIVALENCY CERTIFICATE & TRANSCRIPT OF TEST SCORES REQUEST FORM

Candidate Instructions:

⇒ *Use this form **only if** you took the GED test (1) on paper-and-pencil in Cook County before December 31, 2013 or (2) on computer in Illinois while living in Cook County.*
⇒ *Complete and mail this form with a copy of a valid photo ID, and appropriate payment. Candidate's signature and copy of photo ID is required for processing the request.*
⇒ *Payment must be made with a money order or cashier's check in the exact amount **payable to ICCB-GED**; NO personal checks, cash, or credit cards. **Fees paid are non-refundable**.*
⇒ *Allow 2 to 3 weeks for processing and delivery. We do not e-mail credentials (i.e. Official Transcript of Test Scores, Certificate).*
⇒ *Any questions? Call (312) 814-4488 or send an email to customerservice@cookcountyged.org.*

Section 1: Ordering HSE Credentials - *Check all that apply and write the number of item (s) you are requesting.*

☐ Certificate $10 X *Quantity:* _____	☐ Transcript: $6 X *Quantity:*_____	Total Amount Enclosed: $_____

Section 2: Candidate Information – *Please print with black ink pen.*

Name During Test (Required) *First, Middle, Last*	Social Security Number or GED ID (Required)
Current Legal Name (Required if different from above) *First, Middle, Last*	Date of Birth (Required) *MM/DD/YYYY*

Note: Proof of name change is required to verify candidate's identity (i.e. copy of marriage certificate, court order).

We will not issue certificates and/or transcript in any name other than the name used during testing.

Current Address (Required) - *Number and Street Address or PO Box*		Apartment/Suite/Unit Number
City (Required)	State (Required)	Zip Code (Required)
Telephone Number (Required)	E-mail Address (Optional)	
Center/Place Where You Tested (Optional)	Year Tested (Optional)	

Section 3: Transcript Recipient - *Complete this section only if transcript is not being to the address given above.*

Name of Business, Education Institution, Etc….		Attention *Specific Individual or Department* (Optional)
Mailing Address - *Number and Street Address or PO Box*		Apartment/Suite/Unit Number
City	State	Zip Code

Section 4: Candidate Verification - *Candidate's Signature is required along with copy of photo ID (i.e. Driver's License, Passport, or other government-issued photo ID).*

I hereby certify under penalty of law that I am the Candidate identified on this form and I authorize the Cook County HSE Records office to release my test results to the parties above.

Candidate's Signature (NO electronic signatures)

ATTACH COPY OF GOVERNMENT-ISSUED PHOTO ID HERE Current and valid photo ID required. Requests will not be processed without a copy of photo ID.

Return this form, required documentation, and appropriate form of payment to:

Illinois Community College Board
Attn: Cook County HSE Records Office
100 W Randolph St, Ste 2-010
Chicago, IL 60601-3219

For Office Use Only