



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** tested on paper-and-pencil in a Cook County GED testing center from 1942 to December 31, 2013, or on computer Cook County residents who tested for GED, HiSET, or TASC on computer after October 1, 2012 will find their record on file with the Cook County HSE Records office. All others, [Click Here for Information on how to obtain your records.](#)
- ⇒ 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 **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@cookcountyped.org.

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

<input type="checkbox"/> Certificate \$10 X Quantity: _____	<input type="checkbox"/> Transcript: \$8 X Quantity: _____	Total Amount Enclosed: \$ _____
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Section 2: Candidate Information – Please print with black ink pen.

Name During Test (Required) <i>First, Middle, Last</i>	Social Security No. or GED/HiSET/TASC ID (Required)
Current Legal Name (Required if different from above) <i>First, Middle, Last</i>	Date of Birth (Required) <i>MM/DD/YYYY</i>

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) - <i>Number and Street Address or PO Box</i>		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 <i>Specific Individual or Department</i>
Mailing Address - <i>Number and Street Address or PO Box</i>		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

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