



Regional Office of Education #11

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REQUEST FOR HIGH SCHOOL EQUIVALENCY INFORMATION

PLEASE PRINT CLEARLY

Current Name: _____ Phone # (____) _____

Current Address / City / State / Zip:

Date of Birth _____ Social Security Number _____ - _____ - _____

Previous Name(s) _____

Year of High School Equivalency Test Completion _____

Complete address where (transcript/certificate) is to be sent:

If requesting transcript to be faxed, please include name of company (if applicable), contact person and fax number.

I certify that the above information is correct to the best of my knowledge.

Student Signature

Today's Date

Each official transcript is \$10.00

Number of Transcripts _____

Each Certificate is \$10.00

Number of Certificates _____

ABOVE FEES ARE NON-REFUNDABLE
We accept cash, personal check or money orders.
Please make check and/or money order payable to **Regional Office of Education #11**