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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**

Number of Official Certificates @ \$10 each \_\_\_\_\_

Number of unofficial certificates @ no fee \_\_\_\_\_

Number of official transcripts @ \$10 each \_\_\_\_\_

Number of unofficial transcripts @ no fee \_\_\_\_\_

In a sealed envelope? Yes \_\_\_\_\_ No \_\_\_\_\_

ABOVE FEES ARE NON-REFUNDABLE

We accept cash, personal checks, or money orders.

Please make check and/or money order payable to **Regional Office of Education #11**

