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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) _____

Email _____

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**

Please call or visit the office to pay by credit/debit card.

A \$1 convenience fee will be added when using a credit/debit card.

