

Regional Office of Education #30 Consent to Release GED Information

I, _____, do hereby consent and authorize
The Regional Office of Education 30 to release my GED/ High School Equivalency records to
(include institution name, individual name or your name) _____.

My records should be sent to the following address: _____

Required information to process

Phone Number: _____
Date of Birth: _____
Last 4 Digits of S.S.N: _____
Town and/ or County lived in at time of testing: _____
Testing site location: _____
Year passed: _____

Processing Fees

- Transcript..... \$10.00 x _____ = \$ _____
 - Certificate..... \$10.00 x _____ = \$ _____
- TOTAL = \$ _____

**Cash, check and money order accepted*

Signature

Date