

**High School Equivalency Transcript and/or Diploma Release Form****Personal Information**

Name used at time of test:

First

Middle

Last

Current Legal Name

(If different than above)

First

Middle

Last

Current Address

City

State

Zip Code

Phone

Date of Birth

Social Security Number

Approximate Year Tested

Location of Testing Center

County you lived in when you took the test:

Transcript Recipient Information

Name of Institution/Employer:

Attention/Contact Person:

Address:

City/State/Zip:

Phone Number:

Email Address:

I hereby certify under penalty of law that I am the candidate identified on this form and I authorize ROE #30 to mail my test results to the address above.

or

I hereby certify under penalty of law that I am the candidate identified on this form and I am picking my test results up in person.

Signature:**Date:****Mark the number of each item you are requesting:****Verbal Verification (Free)****Transcript (\$10.00)****Diploma (\$10.00)****Payment Type: Cash/Check/Money Order****ATTACH COPY OF GOVERNMENT
ISSUE PHOTO ID**Current and valid photo ID required. Requests
will **NOT** be processed without a copy of photo ID**For Office Use Only:**

Date Sent	Payment Method	Date Processed
Amount Paid	Receipt Number	