



DeKalb County Regional Office of Education
Amanda Christensen, Regional Superintendent
Jeff Smith, Assistant Superintendent

2500 North Annie Glidden, Suite C
DeKalb, Illinois 60115

815-217-0460 (phone)

815-217-0467 (fax)

Illinois High School Equivalency Transcript/Diploma Request Form

Date: _____

Phone: _____

Name: _____

Address: _____

City: _____ State: IL Zip Code: _____

Date of Birth: _____

Last name at time of testing (required): _____

Social Security Number (required): _____

Year of test completion: _____

Official HSE Transcript

Quantity: _____ (\$10.00 ea.)

Total \$ _____

Official HSE Certificate

Quantity: _____ (\$10.00 ea.)

Total \$ _____

Total Due \$ _____

Send transcripts and/or certificate to:

Signature of Applicant (cannot be processed without a signature)

Send form and check or money order (made payable to DeKalb ROE) to:
DeKalb County Regional Office of Education
2500 N. Annie Glidden Road Suite C
DeKalb, IL 60115