

COOK COUNTY HIGH SCHOOL EQUIVALENCY RECORDS OFFICE

REQUEST FORM FOR ILLINOIS HIGH SCHOOL EQUIVALENCY CERTIFICATE & TRANSCRIPT OF TEST SCORES

Candidate Instructions:

- ⇒ Use this form **only** if you tested on paper-and-pencil in a Cook County GED® testing center from 1942 to December 31, 2013, or Cook County residents who tested for GED® test, HiSET® exam, or TASC™ tests on computer after October 1, 2012. We do not maintain student records for public or private high schools.
- ⇒ Complete and mail this form **with a copy of a valid photo ID, and appropriate payment**. Candidate's signature and copy of photo ID is required for processing.
- ⇒ Payment must be made with a money order or cashier's check payable to ICCB. NO personal checks, cash, or credit cards. Fees paid are non-refundable.
- ⇒ Allow 2 to 3 weeks for processing and delivery. We do not e-mail credentials (i.e. Certificate or Official Transcript of Test Scores).
- ⇒ Any questions? Send an email to customerservice@cookcountyhse.org or call (312) 814-4488.

Section 1: Ordering HSE Credentials – Write the number of number of credentials you are requesting and check the box that applies.

Each High School Equivalency Certificate is \$10	Each Official Transcript of Test Results is \$10	<input type="checkbox"/> GED Transcript
How many Certificates are you requesting? _____	How many Transcript are you requesting? _____	<input type="checkbox"/> HiSET Transcript
		<input type="checkbox"/> TASC Transcript

Section 2: Candidate Information – Please provide all required information. Print or type.

Name During Testing GED/HiSET/TASC (Required) <i>First, Middle, Last Name</i>		Date of Birth (Required) <i>MM/DD/YYYY</i>
Current Legal Name (Required, if different from above) <i>First, Middle, Last Name</i>		Identification Number (Required) <i>GED/HiSET/TASC ID, Last 4 Digits of Social Security No., or Student ID</i>
<i>We will not issue certificates or transcripts in any name other than the name used during testing.</i>		
E-mail Address (Optional)		Telephone Number (Required)
Name Test Center (Optional) <i>Place Where You Last Tested</i>		Year Last Tested (Required) <i>Approximately</i>

Section 3: Certificate Recipient Address – Please type or print the recipient's address where you would like the certificate sent.

Name of Recipient (Required) – <i>Recipient's full name, company name, or name of education institution</i>		Attention - <i>Specific Individual or Department</i>
Mailing Address (Required) - <i>Number and Street Address or PO Box</i>		Apartment/Suite/Unit Number
City (Required)	State (Required)	Zip Code (Required)

Section 4: Transcript Recipient Address – Please type or print the recipient's address where you would like the transcript sent.

Name of Recipient (Required) - <i>Recipient's full name, company name, or name of education institution</i>		Attention - <i>Specific Individual or Department</i>
Mailing Address (Required) - <i>Number and Street Address or PO Box</i>		Apartment/Suite/Unit Number
City (Required)	State (Required)	Zip Code (Required)

Section 5: Candidate Verification - Candidate's Signature is required along with copy of photo ID (i.e. Driver's License, State ID, government-issued photo ID).

I hereby certify under penalty of law that I am the Candidate identified on this form and I authorize the Cook County HSE Records office to release my HSE credential to the parties above.

Candidate's Signature (Required)



ATTACH COPY OF GOVERNMENT-ISSUED PHOTO ID.

Current and valid government-issued photo ID is required. Requests will not be processed without a copy of photo ID.

Return this form, required documentation, and appropriate form of payment to:
 Illinois Community College Board
 Attn: Cook County HSE Records Office
 100 W Randolph St, Suite 2-010
 Chicago, IL 60601-3219

For Office Use Only