**Illinois High School Equivalency Certificates Order Form**

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| **Quantity** | **Item** |
|       | Illinois Community College Board High School Equivalency Certificates*Note: Bundled in sets of* ***50****. Maximum order of* ***300 total****.* |

**Ordering Agency**

|  |  |
| --- | --- |
| Regional Office of Education  | #      |
| Attention:  |       |
| Street Address:  |        |
| City, State, Zip Code:  |       |
| Email Address:*(used by ICCB staff to share shipment details)* |       |

**Comments or Delivery Directions**

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|                      |

**Order Requested by:**       **Date Requested:**

**Completed form may be emailed to** **hse@illinois.gov** **(*preferred*) or faxed to 217-558-6700.**

**ICCB USE ONLY**

|  |  |
| --- | --- |
| **Received:** | **Completed:** |
| **Completed by:** | **Comments:** |