



John Meixner
Regional Superintendent of Schools

Tel: (309) 575-3226 Fax: (309) 837-2887
jmeixner@roe26.net

Fulton/Hancock/McDonough/Schuyler County GED Testing Program

Transcript Request Form

\$10.00 processing fee for transcript

\$10.00 processing fee for certificate

(cash, credit/debit)

If your test was taken in Fulton/Schuyler Counties please mail or fax your request to:

735 East Locust Street
Canton, IL 61520
Fax: 309-518-8024

If your test was taken in Hancock/McDonough Counties please mail or fax your request to:

130 S. Lafayette, Suite 200
Macomb, IL 61455
Fax: 309-837-2887

Personal Information

Name at time of test and any other names _____

Current Name _____ SS # _____

Current Address _____ Date of Birth _____

City _____ State _____ Zip _____ Phone Number _____

Date of Test _____ Testing Site _____

My signature below shows that I authorize my GED scores to be released.

Signature _____ Date _____

Transcript Recipient Information

Complete this section ONLY if this transcript is not being sent to you. (colleges, employer, etc.)

Name of recipient _____

Address _____ City _____ State _____ Zip _____

Fax number ONLY if you wish to have it faxed to the recipient: _____