APPLICATION FOR DUPLICATE HIGH SCHOOL EQUIVALENCY CERTIFICATE

Last First Middle

Name tested under (if different from above)

Street City State Zip Code County

Phone Number Social Security Number Date of Birth

Testing Center Testing Date

I do certify that the above statements are true to the best of my knowledge:

Date Signature of Applicant

NOTE: There is a **$10.00 fee** (check, cashier's check, or money order) payable to the **Regional Office of Education (please do not send cash in the mail)** for the issuance of the duplicate Illinois High School Equivalency Certificate.

Send fee and request form to:

Regional Office of Education
ATTN: Priscilla McElroy
507 Vermont Street
Quincy, IL 62301

If you have any questions, please call me at 217-277-2080.