

# APPLICATION FOR HIGH SCHOOL EQUIVALENCY CERTIFICATE

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\_\_\_\_\_  
Last                                      First                                      Middle                                      Maiden/Name When Tested

\_\_\_\_\_  
Current Street                                      City                                      State                                      Zip Code                                      County

\_\_\_\_\_  
Phone #                                      Social Security #                                      Date of Birth

\_\_\_\_\_  
Testing Center/City (\*MUST BE IN DUPAGE)                                      Testing Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

NOTE: There is a **\$10.00 fee - cashier's check or money order** payable to the **Regional Office of Education** for issuance of an official Illinois High School Equivalency Certificate. **No personal checks.** Send fee and application to:

DuPage County ROE  
Attn: GED Department  
421 N. County Farm Rd.  
Wheaton, IL 60187

If you have any questions, please call us at 630.407.5800