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I am requesting a copy of my:

Transcript - Unofficial _____ x Free = \$ 0.00

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TOTAL DUE: _____

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Year Tested: _____ Date of Birth: _____

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I authorize the Carroll, Jo Daviess & Stephenson Regional Office of Education,  
to release a transcript of my IL High School Diploma to:

\_\_\_\_\_

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|                                                                                                                                                                               |
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| <p>Please forward this completed release <b>with payment and copy of photo ID</b> to:<br/>Regional Office of Education #8, 27 S. State Ave, Suite 101, Freeport, IL 61032</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

27 S. State Ave., Suite 101, Freeport, IL 61032

Phone: 815.599.1408 Fax: 815.297.9032

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