

G.E.D. Transcript Request

To: Regional Superintendent of Schools
521 Vermont Street
Quincy, Illinois 62301

(217) 277-2080 Voice

(217) 277-2092 Fax

From: _____
Name

All Prior Names – including Maiden Name

Address

City

State

Zip Code

Phone Number

Social Security Number

Date of Birth

Month and Year GED taken

Please send an official copy of my G.E.D. Exam scores to:

John Wood Community College
Admissions Office
1301 South 48th Street
Quincy, Illinois 62305

(217) 224-6500 Voice

(217) 221-0778 Fax

Signature

Date

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Office of Admissions

1301 South 48th Street

Quincy, IL 62301-8736

Phone: 217.224.6500

fax: 217.221.0778

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Quincy, IL 62301-8736