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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