

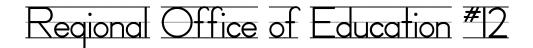
Serving the students and educational professionals of Clay, Crawford, Jasper, Lawrence, and Richland Counties, Illinois

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Illinois High School Equivalency Test Score Release Request

Name		Bir	thdate		
Address		La So	Last 4 Digits of Social Security Number		
City, State, Zip		Phone Number			
I give my permission for F	ROE 12 to release my GED/	HiSET/TASC Scores to:			
To the Attenti	on Of				
School/Emplo	yer/Entity				
Address					
City, State, Zi	p				
Fax (if Faxed	Сору)				
My Name Whe	n I took the Test				
Date of Test _					
Locatior	n Test Completed **Requi n	red Field**	Test Taken **Required	Field**	
I verify that all info	rmation listed on this form i	s true and correct and I autho	rize my GED scores be released	I to the address indicated	
Signature			Date		
FEE:		0 for each official GE 0 for each IL HS Equiv			
Fees are non-refundal		•	Please make check or money orde	er payable to "ROE 12"	
Comple	To submit you te, print, sign, and return this	Ir request, please do on s release to the office in the co		low) OR	
Clay County Clay County Courthouse 111 East Chestnut St P.O. Box 97 Louisville, Illinois 62858 618.665.3373 Fax 618.665.3155 gedclay@roe12.org	Crawford County 300 West Main Street Lower Level, Suite 307 Robinson, Illinois 62454 618.544.2719 Fax 618.546.1556 gedcrawford@roe12.org	Jasper County Jasper County Office Bldg 204 W Washington, Suite 3 Newton, Illinois 62448 618.783.2523 Fax 618.783.4237 gedjasper@roe12.org	Lawrence County Lawrence County Courthouse 1100 State Street Lawrenceville, Illinois 62439 618.943.3522 Fax 618.943.2513 gedlawrence@roe12.org	Richland County 407 S Whittle Avenue Olney, Illinois 62450 618.392.4631 Fax 618.392.3993 gedrichland@roe12.org	



Statement of Purpose for Collection of Social Security Numbers

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and state government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the Regional Office of Education #12 to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security Number?

You are being asked for your SSN for one or more of the following reasons:

- · Application and/or Registration of Professional License Certificates
- Application for GED Testing and/or Transcripts
- Criminal History Investigations
- Employee Records

What do we do with your Social Security Number?

We will only use your SSN for the purpose for which it was collected. We will NOT:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose
- · Publicly post or publicly display your SSN
- Print your SSN on any card required for you to access our services
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted
- Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

What if I have questions or concerns about this Statement of Purpose?

Write to the Regional Office of Education #12 at the following address:

Regional Superintendent of Schools Regional Office of Education #12 300 West Main St, Suite 307 Robinson, IL 62454