Wisconsin Department of Public Instruction
CERTIFIED TRANSCRIPT/DUPLICATE CREDENTIALS GED/HSED PROGRAM—ORDER FORM
PI-8203 (Rev. 07-09)

For additional information call 1-800-768-8886 or 608-267-9245.

INSTRUCTIONS: Complete legibly. Return **signed original** along with check/money order made out to **Wisconsin Department of Public Instruction** for all applicable fees, to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
BUSINESS OFFICE
P.O. BOX 7841
125 SOUTH WEBSTER STREET
MADISON, WI 53707-7841

GENERAL INFORMATION

Name **Last** (List all other last names used, if applicable.) **First** **Middle Initial**

Other Names *if needed*

Street/P.O. Address (Apt. number if applicable)	City	State	ZIP
Telephone *Area/No.*	Date of Birth *Mo./Day/Yr*.		Social Security Number

SIGNATURE

The individual to whom the credentials were issued MUST sign below.

Signature

➢

COMPLETE ALL SECTIONS ACCURATELY AND LEGIBLY

Document Requested	Regular Fee First Copy	Jail/Prison Inmate Fee First Copy**		# of Add'l Copies		Fee for Each Add'l Copy		**TOTAL**
Duplicate HSED Diploma**/GED Certificate	$15.00	$5.00	+		×	$2.00	=	
Certified GED or HSED Transcript**	$15.00	$5.00	+		×	$2.00	=	
							Subtotal	
						Emergency Service Fee* *See Below*	+	$25.00		
							Grand Total	

*Add this fee only if you wish **guaranteed** production and mailing of documents within **48 hours** of DPI receiving your order. Otherwise, orders will be processed as time allows.

Correctional facility fees only apply to people incarcerated in a state prison or a jail. People who are out of custody **pay the regular fee.

PAYMENT METHOD

Please mark the appropriate box below and provide the requested information.

☐ I am enclosing a *Check One* ☐ Check ☐ Money Order in the amount of $ _____

☐ Charge $ _____ to my ☐ MasterCard ☐ VISA account below:

Please note:

- **Only credit card transactions** may be faxed to (608) 267-9275
- Your credit card will be charged for the fee **before** we print any documents. If credit card number is not valid or if charge is refused, your order will be returned to you.

Account Number ☐ MasterCard ☐ VISA

				—					—					—				

Expiration Date

Month/Year

Billing Zip Code

Please check appropriate boxes and provide alternate address(es) as needed.

☐ Send _____ Copy(ies) of my ☐ transcript ☐ diploma/certificate to the following address(es):

1. _____
2. _____

Use additional sheets as necessary.