# ROEs ONLY Request for Access (or Removal of Access) To

# High School Equivalency Records 2002-Current/ Computer-Based Constitution Test

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| **Regional Office of Education** | | | | | | | | | | |
| Name of Regional Office of Education: | | | |  | | | | | | |
| Street Address: | |  | | | | | | | | |
| City: |  | | | | | State: | |  | ZIP: |  |
| If you are a Pearson VUE Testing Center, please provide your **PVTC #**: | | | | | | |  | | | |
| Regional Superintendent Name: | | |  | | | | | | | |
| Regional Superintendent Phone Number: | | | | |  | | | | | |
| Regional Superintendent Email Address: | | | | |  | | | | | |
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| **I recommend that the following person be given access to: (select all systems that apply)** | | | | |
| ILHSE Database Computer-based Constitution Test Administration | | | | |
| User Name: |  | | | |
| User Title: |  | | | |
| User Phone Number: | | |  | |
| User Email Address: | |  | | |
| **Current Access  (Please indicate if this person already has access to any of the systems listed)** | | | | |
| ILHSE Database  ID Used: | | | | CBT Constitution Test Administration  ID Used: |
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| Please **REMOVE** access for the following individual (select all systems that apply): | | |
| GED Archive Database ILHSE Database Computer-based Constitution Test Administration | | |
| User Name: |  | |
| User Email Address: | |  |
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| **Approval** | | |
| I understand that by granting access to the these systems, I am allowing the above named person to access confidential and sensitive, personally-identifiable test-taker information and that I accept full responsibility for ensuring that this information will be kept confidential and will not be used inappropriately by said person. | | |
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| Regional Superintendent’s Signature |  | Date |
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