



63145

# L-26 Request for Overnight Storage of Restricted GED Test Material

Dedicated FAX number for this form: (202) 464-4853

**GED Testing Service**  
of the American Council on Education  
One Dupont Circle, NW, Suite 250  
Washington, DC 20036  
(202) 939-9490

## Test Center, Addendum and Storage Information

10-Digit Center ID Number: \_\_\_\_\_

Date:     /     /      
          mm  dd  yyyy

Chief Examiner Name: \_\_\_\_\_

Address of Testing Center making request: \_\_\_\_\_

Address of Addendum: \_\_\_\_\_

Address where restricted GED Test materials will be stored overnight: \_\_\_\_\_

*("Restricted GED Test Materials may not be stored at the addendum site," GED Examiner's Manual Section 9)*

Distance between Testing Center and Addendum Site: \_\_\_\_\_

### Testing Schedule

Start Time (hh:mm am/pm): \_\_\_\_\_

End Time (hh:mm am/pm): \_\_\_\_\_

How often per month? \_\_\_\_\_

Number of candidates tested each year: \_\_\_\_\_

Does storage file have a locking bar?  Yes  No

If storage is safe, does it have dual locks?  Yes  No

Who has keys or combination?

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Will storage of tests be limited to three or fewer nights per trip?  Yes  No

Describe storage area in detail: \_\_\_\_\_

Check here if you are attaching additional sheets

Will the tests and restricted materials be transported from storage to the testing room in a locked container?

Yes  No

Who will be the examiner? \_\_\_\_\_

*("Under no circumstances may personnel at the addendum site administer the GED Tests," GED Examiner's Manual Section 9)*

## Administrator Use Only

I have visited and inspected the storage facility that will be used and certify that it will provide secure overnight storage for the restricted materials. I further certify that the storage facility complies with the requirements outlined in the GED Examiner's Manual.

\_\_\_\_\_  
Signature of GED Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Jurisdiction