

**COOK COUNTY HIGH SCHOOL EQUIVALENCY RECORDS OFFICE  
HSE CANDIDATE VERIFICATION AND CREDENTIAL REQUEST AUTHORIZATION FORM**

**CANDIDATE INSTRUCTIONS – READ CAREFULLY.**

- Complete all sections of the form.
- Once completed email this form with copy of government-issued photo ID (i.e. Driver’s License, State ID) to [ICCB.HSEPay@Illinois.gov](mailto:ICCB.HSEPay@Illinois.gov).
- Further instructions will be emailed to the company/educational institution within 1 to 2 business days.
- Any questions? Email [ICCB.CookHSE@Illinois.gov](mailto:ICCB.CookHSE@Illinois.gov) or call (312) 814-4488.

**CANDIDATE INFORMATION – ALL REQUIRED SECTIONS MUST BE COMPLETED BY HSE CANDIDATE**

NAME DURING TESTING: _____ <i>REQUIRED: CANDIDATE’S FIRST NAME, MIDDLE NAME INITIAL, LAST NAME DURING TEST</i>	
CURRENT LEGAL NAME: _____ <i>REQUIRED: CANDIDATE’S CURRENT FIRST NAME, MIDDLE NAME INITIAL, LAST NAME</i>	
LAST 4-DIGITS OF SSN OR GED/HiSET ID: _____	DATE OF BIRTH: _____ <i>REQUIRED: MM/DD/YYYY</i>
EMAIL: _____ <i>REQUIRED: CANDIDATE’S EMAIL ADDRESS</i>	PHONE NO.: _____ <i>REQUIRED: CANDIDATE’S PHONE NO.</i>

**CANDIDATE AUTHORIZATION – INITIALS AND DATE (MUST BE COMPLETED BY HSE CANDIDATE)**

I authorize the Illinois Community College Board and the Cook County High School Equivalency Records Office to release my complete high school equivalency credential to the company or educational institution identified in this form. I certify under penalty of law that I am the candidate identified in this form.

CANDIDATE’S INITIALS: _____	DATE: _____
<i>REQUIRED: CANDIDATE’S INITIALS AND DATE</i>	

**COMPANY/EDUCATIONAL INSTITUTION – MUST BE COMPLETED BY ADMINISTRATOR (I.E. REGISTRAR, HIRING MANAGER)**

COMPANY/ EDUCATIONAL INSTITUTION: _____ <i>REQUIRED: ENTER RECEIVING COMPANY/EDUCATIONAL INSTITUTION NAME</i>	
ADMINISTRATOR: _____	ROLE/TITLE: _____ <i>REQUIRED: ROLE/TITLE</i>
<i>REQUIRED: NAME OF ADMINISTRATOR</i>	
EMAIL: _____	PHONE NO.: _____ <i>REQUIRED: ADMINISTRATOR’S PHONE #</i>
<i>REQUIRED: ADMINISTRATOR’S EMAIL ADDRESS</i>	

**CANDIDATE VERIFICATION – ATTACH TO THIS FORM A PICTURE OF THE CANDIDATE’S CURRENT GOVERNMENT-ISSUED PHOTO IDENTIFICATION (I.E. DRIVER’S LICENSE, IDENTIFICATION CARD, FOID CARD, CONSULAR ID). ID REQUIRED.**

	<b><u>FOR OFFICE USE ONLY</u></b>
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