**Request for Access to the GED® Manager System**

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| **Requesting Agency Information** | | | | | | | | | |
| **Name of Requesting Agency:** | | |  | | | | | | |
| **Street Address:** | |  | | | | | | | |
| **City:** |  | | | | | **State:** |  | **ZIP:** |  |
| **Adult Education Program Director’s Name:** | | | |  | | | | | |
| **Adult Education Program Director’s Title:** | | | |  | | | | | |
| **Adult Education Program Director’s Phone Number:** | | | | |  | | | | |
| **Adult Education Program Director’s Email Address:** | | | | |  | | | | |

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| --- | --- | --- | --- | --- |
| **I recommend that the following person(s) be given access to the GED® Manager System:** | | | | |
| **User Name:** | |  | | |
| **User Title:** | |  | | |
| **User Phone Number:** | | | |  |
| **User Email Address:** | | |  | |
| **User Name:** | |  | | |
| **User Title:** | |  | | |
| **User Phone Number:** | | | |  |
| **User Email Address:** | | |  | |
| **User Name:** | |  | | |
| **User Title:** | |  | | |
| **User Phone Number:** | | | |  |
| **User Email Address:** | | |  | |
| **User Name:** | |  | | |
| **User Title:** |  | | | |
| **User Phone Number:** | | | |  |
| **User Email Address:** | | |  | |

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| **Adult Education Administrator’s Approval** | | |
| *With my signature below I indicate that I understand and agree to the following: By granting access to this system I am allowing the above named person(s) 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. I also understand that I must inform the ICCB of any changes or terminations to ensure the security of this information.* | | |
|  |  |  |
| **Adult Education Program Director’s Signature** |  | Date |

**Email completed form to** [**hse@illinois.gov**](mailto:hse@illinois.gov) **or Fax to 217-558-6700.**