**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** **or Fax to 217-558-6700.**