# REQUEST TO ADMINISTER THE IL COMPUTER-BASED CONSTITUTION TEST (CBCT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requesting Agency Information** | | | | | | | | | |
| **Name of Requesting Agency:** | | |  | | | | | | |
| **Street Address:** | |  | | | | | | | |
| **City:** |  | | | | | **State:** |  | **ZIP:** |  |
| **Adult Ed. Administrator Name:** | | | |  | | | | | |
| **Adult Ed. Administrator Title:** | | | |  | | | | | |
| **Adult Ed. Administrator Phone Number:** | | | | |  | | | | |
| **Adult Ed. Administrator Email Address:** | | | | |  | | | | |
|  | | | | |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Adult Education Program Information** | | | *For Internal Use Only:* **Test Center Code: \_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Name and Location of CBCT Testing Site if Different from Above: (If Same As Above Check Here:** **)** | | | | | | | |
| **Street Address:** | |  | | | | | |
| **City:** |  | | | **State:** |  | **ZIP:** |  |
|  | | | | | | | |

**Please provide information for each person you wish to be able to administer the Computer-Based Constitution Test.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CBCT Examiner(s) Information (you may use another form for additional examiners)** | | | | | |
| **CBCT Examiner Name:** |  | | | | |
| **CBCT Examiner Phone Number:** | | |  | | |
| **CBCT Examiner Email Address:** | |  | | | |
|  | | | | | |
| **CBCT Examiner Name:** |  | | | | |
| **CBCT Examiner Phone Number:** | | |  | | |
| **CBCT Examiner Email Address:** | |  | | | |
|  | | | | | |
| **CBCT Examiner Name:** |  | | | | |
| **CBCT Examiner Phone Number:** | | |  | | |
| **CBCT Examiner Email Address:** | |  | | | |
| **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 Administrator’s Signature** | | | |  | **Date** |