# ROEs ONLYRequest for Access (or Removal of Access) To

# High School Equivalency Records 2002-Current/ Computer-Based Constitution Test

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| **Regional Office of Education** |
| Name of Regional Office of Education: |       |
| Street Address:  |       |
| City: |       | State: |       | ZIP: |       |
| If you are a Pearson VUE Testing Center, please provide your **PVTC #**: |       |
| Regional Superintendent Name: |       |
| Regional Superintendent Phone Number: |       |
| Regional Superintendent Email Address: |       |
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| **I recommend that the following person be given access to:(select all systems that apply)** |
| [ ] ILHSE Database [ ] Computer-based Constitution Test Administration |
| User Name: |       |
| User Title: |       |
| User Phone Number: |       |
| User Email Address: |       |
| **Current Access (Please indicate if this person already has access to any of the systems listed)** |
| [ ] ILHSE DatabaseID Used:      | [ ] CBT Constitution Test AdministrationID Used:      |
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| Please **REMOVE** access for the following individual (select all systems that apply): |
| [ ] GED Archive Database [ ] ILHSE Database [ ] Computer-based Constitution Test Administration |
| User Name: |       |
| User Email Address: |       |
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| **Approval** |
| I understand that by granting access to the these systems, I am allowing the above named person 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. |
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| Regional Superintendent’s Signature |  | Date |
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