**Illinois Community College Board**

**401 E. Capitol Avenue**

**Springfield, Illinois 62701**

**(217) 558-5668**

**(217) 558-6700 Fax**

# REQUEST TO ADMINISTER THE GED® TESTS IN ILLINOIS

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| Requesting Agency Information |
| **Name of Requesting Agency:** |       |
| **Street Address:** |       |
| **City:** |       | **State:** |       | **ZIP:** |       |
| **Chief Administrative Officer Name:** |       |
| **Chief Administrative Officer Title:** |       |
| **Chief Administrative Officer Phone Number:** |       |
| **Chief Administrative Officer Email Address:** |       |
| **Agency Website URL:** |       |
| **Please provide a brief description of your organization and the potential testing site/location:** |
|       |
| **Why does your organization wish to administer the GED® exam?**  |
|       |
| **Why do you believe your organization is suited to administer the GED® exam?** |
|       |
| **Are you applying to be a private or public (i.e., accepting walk-in candidates) testing site? If private, please** **provide a justification demonstrating the need for a closed location. *Please note, testing sites are often approved based on location and target demographics they can serve.*** |
|       |
| **Is your organization also applying to offer an additional high school equivalency exam (HiSET®)?** |
|       |

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| Pearson VUE Testing Center Location Information |
| **Are you currently an approved Pearson VUE Testing Site?**  | [ ] **Yes (complete the information below)** | [ ] **No, but we’ve begun the application process** | [ ] **No, but we will apply** (specify when)      |
|  |
| **Name of Pearson VUE Testing Center:** |       |
| **Street Address:**  |       |
| **City:** |       | **State:** |       | **ZIP:** |       |
| **In what COUNTY is the testing center located?**  |       |
| **Pearson VUE Testing Site Number:** |       |
| **Primary Test Administrator Name:** |       |
| **Primary Test Administrator Phone Number:** |       |
| **Primary Test Administrator Email Address:** |       |
|  |

**Send completed form to** **hse@illinois.gov** **or fax to 217-558-6700.**