**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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:** | | | | | | | | | | |
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| **Why does your organization wish to administer the GED® exam?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Why do you believe your organization is suited to administer the GED® exam?** | | | | | | | | | | |
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| **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**](mailto:hse@illinois.gov) **or fax to 217-558-6700.**