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

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

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