**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 why you wish to administer the GED® tests:** |
|       |
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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** **ilhseiccb@iccb.state.il.us** **or fax to 217-558-6700.**