**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 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**](mailto:ilhseiccb@iccb.state.il.us) **or fax to 217-558-6700.**