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| **IDOC STAFF ONLY**  **REQUEST FOR INQUIRY ACCESS ROLE (OR REMOVAL) TO**  **ILLINOIS HIGH SCHOOL DIPLOMA PORTAL**  **HIGH SCHOOL EQUIVALENCY RECORDS 2002-CURRENT** |

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| **Illinois Department of Corrections Facility** | | | | | | | | |
| Name of IDOC Facility: | | |  | | | | | |
| Street Address: | |  | | | | | | |
| City: |  | | | | | | ZIP: |  |
| Educational Facility Administrator: | | | |  | | | | |
| Educational Facility Administrator Phone Number: | | | | | |  | | |
| Educational Facility Administrator Email Address: | | | | |  | | | |
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| **I recommend GRANTING access to the following person:** | | |
| Illinois High School Diploma Portal – Inquiry Only Access | | |
| Name: |  | |
| Title: |  | |
| Phone Number: | |  |
| Email Address: | |  |
| Please provide a brief description of the purpose for which this person will be accessing the Illinois High School Diploma Portal: | | |
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| **Please REMOVE access for the following person:** | | |
| Illinois High School Diploma Portal – Inquiry Only Access | | |
| Name: |  | |
| Email Address: | |  |
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| **IDOC-OAEVS Manager’s Acknowledgement of Responsibility and Signature** | | |
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| I hereby request permission to grant the above-named person access to the Illinois High School Diploma Portal. I understand that by doing so, I will be allowing them to access confidential and sensitive personally identifiable information related to individuals’ educational records. I accept full responsibility for ensuring that this information will be kept confidential and will not be used inappropriately by this person.  This request must be acknowledged, signed, and dated by the Manger of the Office of Adult Education and Vocational Services Manager at the Illinois Department of Corrections, verifying the need for access and confirming the understanding of the confidentiality requirements associated with this educational information. | | |
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| IDOC-OAEVS Manager’s Signature |  | Date |
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