

COOK COUNTY HIGH SCHOOL EQUIVALENCY RECORDS OFFICE

HSE CANDIDATE VERIFICATION FORM

CANDIDATE INSTRUCTIONS – READ CAREFULLY.

- Complete all sections of the form and put your initials in the Candidate Authorization box.
- Once completed email this form with copy of government-issued photo identification (i.e. Driver’s License, State ID) to ICCB.HSEPay@Illinois.gov.
- Further instructions will be emailed to the candidate within 1 to 2 business days.
- Any questions? Email ICCB.CookHSE@Illinois.gov or call (312) 814-4488.

CANDIDATE INFORMATION – ALL REQUIRED SECTIONS MUST BE COMPLETED BY HSE CANDIDATE

NAME DURING TESTING: _____ <i>REQUIRED: CANDIDATE’S FIRST NAME, MIDDLE NAME INITIAL, LAST NAME DURING TESTING</i>	
CURRENT LEGAL NAME: _____ <i>REQUIRED: CANDIDATE’S CURRENT FIRST NAME, MIDDLE NAME INITIAL, LAST NAME</i>	
LAST 4-DIGITS OF SSN OR GED/HISET STUDENT ID: _____	DATE OF BIRTH: _____ <i>REQUIRED: MM/DD/YYYY</i>
EMAIL: _____ <i>REQUIRED: CANDIDATE’S EMAIL ADDRESS</i>	PHONE NO.: _____ <i>REQUIRED: CANDIDATE’S PHONE NO.</i>

CANDIDATE AUTHORIZATION – INITIALS AND DATE ARE REQUIRED (MUST BE COMPLETED BY HSE CANDIDATE).

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT I AM THE CANDIDATE IDENTIFIED IN THIS FORM.

CANDIDATE’S INITIALS: _____ DATE: _____
REQUIRED: CANDIDATE’S INITIALS AND DATE

CANDIDATE VERIFICATION REQUIRED – ATTACH TO THIS FORM A PICTURE OF YOUR CURRENT VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION (I.E. DRIVER’S LICENSE, IDENTIFICATION CARD, FOID CARD, CONSULAR ID). ID REQUIRED.

	<u>FOR OFFICE USE ONLY</u>
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