# ROEs ONLYRequest for Access (or Removal of Access) To

# High School Equivalency Records 2002-Current/ Computer-Based Constitution Test

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| **Regional Office of Education** |
| Name of Regional Office of Education: |       |
| Street Address:  |       |
| City: |       | State: |       | ZIP: |       |
| If you are a Pearson VUE Testing Center, please provide your **PVTC #**: |       |
| Regional Superintendent Name: |       |
| Regional Superintendent Phone Number: |       |
| Regional Superintendent Email Address: |       |
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| **I recommend that the following person be given access to:(select all systems that apply)** |
| [ ] ILHSE Database [ ] Computer-based Constitution Test Administration\**\*NOTE: The U.S. and Illinois State Constitution and Flag Test (“Constitution Test”) requirement has been suspended through December 31, 2021 due to COVID-19. Candidates who complete and pass all sections of an HSE exam prior to December 31, 2021 will not be required to complete the Constitution Test to be eligible for their Illinois HSE Certificate. Although the requirement is suspended, the Constitution Test remains available in the database and may be offered to candidates where social-distanced testing is available or provided as part of adult education curricula. Please email* *hse@illinois.gov* *with questions.* |
| User Name: |       |
| User Title: |       |
| User Phone Number: |       |
| User Email Address: |       |
| **Current Access (Please indicate if this person already has access to any of the systems listed)** |
| [ ] ILHSE DatabaseID Used:      | [ ] CBT Constitution Test AdministrationID Used:      |
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| Please **REMOVE** access for the following individual (select all systems that apply): |
| [ ] GED Archive Database [ ] ILHSE Database [ ] Computer-based Constitution Test Administration |
| User Name: |       |
| User Email Address: |       |
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| **Approval** |
| I understand that by granting access to the these systems, I am allowing the above named person 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. |
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| Regional Superintendent’s Signature |  | Date |
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