**Request for Access to the GED® Manager System**

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| **Instructions for Completion** |
| GED Manager® access for the State of Illinois is restricted to adult education providers funded by the Illinois Community College Board (ICCB). **Requests for access to the GED Manager® system must be completed and signed by the current Adult Education Program Administrator using this form.**  *Please note:* Each GED Manager® user must use a *program-related* (work) email address on GED Manager®.  **Email completed forms to** [**hse@illinois.gov**](mailto:hse@illinois.gov) **(*preferred*) or fax to 217-558-6700.** |

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| **Requesting Adult Education Program Information** | | | | | | | | | |
| **Name of Requesting Agency:** | | |  | | | | | | |
| **Street Address:** | |  | | | | | | | |
| **City:** |  | | | | | **State:** |  | **ZIP:** |  |
| **Adult Education Program Director’s Name:** | | | |  | | | | | |
| **Adult Education Program Director’s Title:** | | | |  | | | | | |
| **Adult Education Program Director’s Phone Number:** | | | | |  | | | | |
| **Adult Education Program Director’s Email Address:** | | | | |  | | | | |

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| **I recommend that the following person(s) be given access to the GED® Manager System:** | | |
| **Name:** |  | |
| **Title:** |  | |
| **Phone Number:** | |  |
| **Email Address:** | |  |
| **Name:** |  | |
| **Title:** |  | |
| **Phone Number:** | |  |
| **Email Address:** | |  |
| **Name:** |  | |
| **Title:** |  | |
| **Phone Number:** | |  |
| **Email Address:** | |  |

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| **Adult Education Administrator’s Approval** | | |
| ***With my signature below I indicate that I understand and agree to the following:***  *By granting access to this system I am allowing the above named person(s) to access confidential and sensitive, personally-identifiable test-taker information. I accept full responsibility for ensuring that this information will be kept confidential and will not be used inappropriately by said person(s). I understand that I must inform the ICCB of any staff changes or terminations to ensure the security of this information.* | | |
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| **Adult Education Program Director’s Signature** |  | Date |