

**ILLINOIS STATE BOARD OF EDUCATION**

Educator Licensure Division  
100 North First Street, S-306  
Springfield, Illinois 62777-0001

**ACT PLUS WRITING/SAT SCORE REPORT VERIFICATION FORM FOR ADMISSION  
TO AN ILLINOIS PREPARATION PROGRAM**

**Directions:** Fill out the top portion of this form and take the form to the licensure officer at your institution of higher learning to complete the remainder. No form can be accepted that is not filled out in its entirety. **Forms that lack the licensure officer's dated signature will be discarded.** After completing the form and giving it to the licensure officer, you should request that an official score report be sent to ISBE.

**How to Request an ACT Plus Writing Score Report**

Request that an official score report be sent to ISBE in Springfield, IL by entering code 3001. This code is not listed; you must enter the code. By using this code, your score report will be sent directly to ISBE.

**Acceptable Composite Score on the ACT Plus Writing in Lieu of the TAP**

The official score report must arrive at ISBE in a sealed envelope directly from ACT and reflect a composite score of 22 that is no older than ten years at the time ISBE receives both the score and the corresponding ISBE form 73-60.

**How to Request a SAT Score Report**

Request that an official score report be sent to the address at the top of this form. There is no ISBE code for SAT.

**Acceptable Composite Score on the SAT in Lieu of the TAP**

The official score report must arrive at ISBE in a sealed envelope directly from SAT and reflect a composite score of 1030 (critical reading and mathematics) that is no older than ten years at the time ISBE receives both the score report and the corresponding ISBE form 73-60.

**TO BE COMPLETED BY APPLICANT**

|   |  |                        |
|---|--|------------------------|
| APPLICANT'S NAME (Last, First, Middle, Maiden)  | SOCIAL SECURITY NUMBER                 | BIRTHDATE (mm/dd/yyyy) |
| ADDRESS (Street, City, State, Zip Code)   | TELEPHONE (Include Area Code)          |                        |
|   | E-MAIL                                 |                        |
| NAME OF HIGH SCHOOL ATTENDED  | CITY AND STATE OF HIGH SCHOOL ATTENDED |                        |
| NAME OF COLLEGE, UNIVERSITY, NOT-FOR-PROFIT ENTITLING ENTITY TO WHICH YOU ARE SEEKING ADMISSION |  |                        |

ADDRESS (Street, City, State, Zip Code)

Test requested to be sent to ISBE (Please check one only.)

ACT     SAT

\_\_\_\_\_ Date

\_\_\_\_\_ *Original* Signature of Applicant

**TO BE COMPLETED BY THE LICENSURE OFFICER**

***I certify the above individual has applied for full admission to an educator preparation program at this institution.***

\_\_\_\_\_ Date

\_\_\_\_\_ Licensure Officer Name

\_\_\_\_\_ *Original* Signature of Licensure Officer