

Consent to Release Information to ACT

Name of Student:

Birthdate:

Examinee and Parent Signature: I verify that the information provided in the accommodations request in the Test Accessibility and Accommodations System (TAA) is accurate to the best of my knowledge. I authorize the release to ACT of information related to this request by school officials, physicians, or others having such information, if requested. I understand that any documentation provided to ACT will remain with the request and will not become part of the examinee's permanent score record. If this request cannot be approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations.

Student Signature

Parent or legal guardian signature (if student under age 18)

Date

Telephone Consent I verify that I have spoken to the examinee's parent or legal guardian by telephone, and obtained his or her permission to release information to ACT as described above.

_____ School official's signature Date