

- Complete this request if you are able to test under National Standard Time, but need additional accommodations to access the ACT<sup>®</sup> test.
- See section C on side 2 of this document. For additional information, visit [www.actstudent.org](http://www.actstudent.org).

**Note:** Do not use this form to request extended time or a computer for the ACT with writing.

**Request accommodations**

- Register\*\*** for your preferred test center by the deadline for your preferred test date.
- Print** a copy of your admission ticket to submit with this Request.
- Gather written documentation** (e.g., IEP, 504 Plan, or Official Accommodations Plan) and medical or diagnostic information from your treating professional to submit with this Request.
- Complete this form** indicating the accommodations you are requesting.

Section B:

- **Preferred test center 1:** Provide the test center information on your printed admission ticket
- **Preferred test center 2:** Indicate a second preferred test center.

**Note:** In order to provide the approved accommodations, ACT may not be able to assign you to the test center shown on your admission ticket. If this happens, you will need to **print a new admission ticket** from your ACT web account at [www.actstudent.org](http://www.actstudent.org).

**\*\*Standby examinees cannot request/receive accommodations.**

**Submit your request**

| By mail:  | By fax:  |
|---|--|
| ACT<br>Attn: National Standard Time with Accommodations<br>PO Box 168<br>Iowa City, IA 52243-0168 | Fax #: 319.341.2415<br>Attn: ACT National Standard<br>Time with Accommodations |

**Retesting**

If you want to test again with the **same** previously approved accommodations, you may reregister through your ACT web account or by calling 319.337.1332.

Keep a photocopy for your files.

Sections A through D must be completed by the examinee/parent. Please print clearly.

## A. EXAMINEE INFORMATION

|               |              |                |                 |
|---------------|--------------|----------------|-----------------|
| Examinee Name | ACT ID #     |                |                 |
| Address       | City         | State/Province | ZIP/Postal Code |
| Email Address | Phone Number |                |                 |

## B. TEST DATE/OPTION AND TEST CENTER CHOICES

- This application will be processed only if returned with a copy of your ticket **postmarked by the deadline** for the test date on the ticket.
- Forms postmarked after the regular deadline, but received by the late deadline, will be processed.
- Forms received after the late deadline will be processed for the next test date.
- For a complete list of deadlines, visit [www.actstudent.org](http://www.actstudent.org).

**\*\*Attach a copy of your admission ticket\*\***

| Test Date (mark only one)                   | Postmark Deadline | Test Option                               |
|---|-------------------|---|
| <input type="checkbox"/> September 12, 2015 | August 7          |   |
| <input type="checkbox"/> October 24, 2015   | September 18      |   |
| <input type="checkbox"/> December 12, 2015  | November 6        | <input type="checkbox"/> ACT (no writing) |
| <input type="checkbox"/> February 6, 2016   | January 8         | <input type="checkbox"/> ACT with writing |
| <input type="checkbox"/> April 9, 2016      | March 4           |   |
| <input type="checkbox"/> June 11, 2016      | May 6             |   |

| Preferred Test Center 1                        | Preferred Test Center 2                        |
|--|--|
| Test Center Code                               | Test Center Code                               |
| Test Center Name                               | Test Center Name                               |
| City, State/Province, ZIP/Postal Code, Country | City, State/Province, ZIP/Postal Code, Country |

Explain your disability and clearly state the requested accommodations with enough detail so ACT can make arrangements with the test center.

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## C. ACCOMMODATIONS REQUESTED

If you would like to request extended time do not submit this application. Instead, complete the *Request for ACT Extended Time National Testing*.

- |  |   |
|--|---|
| <input type="checkbox"/> Wheelchair accessibility, test at a table instead of a desk<br><input type="checkbox"/> Large-type (18-point font) testing booklet and answer document (testing staff will transfer answers to a standard answer document).<br><input type="checkbox"/> Marking answers in the test booklet (the examinee must complete his or her name, address, and other personal information). The examinee may watch the testing staff transfer the answers after testing is complete.<br><input type="checkbox"/> Permission for food/drink in the testing room<br><input type="checkbox"/> Permission for diabetics to bring diabetic supplies/wear insulin pump<br><input type="checkbox"/> Stop-the-clock breaks (the examinee will test in a separate room) | <input type="checkbox"/> Seating near the front of the room<br><input type="checkbox"/> Written copy of the spoken instructions<br><input type="checkbox"/> Visual notification of start, time remaining, and stop times<br><input type="checkbox"/> Sign Language Interpreter, directions only. Examinee must bring his or her sign language interpreter. May not be a relative. ACT will pay the sign language interpreter.<br><input type="checkbox"/> Single room<br><input type="checkbox"/> Other _____ |
|--|---|

## D. EXAMINEE SIGNATURE (required)

*I certify that I am the person whose information is submitted on this Request for National Standard Time with Accommodations form and that the information provided is accurate to the best of my knowledge. I understand that by signing below, I consent to the ACT Privacy Policy ([www.act.org/privacy.html](http://www.act.org/privacy.html)), which is incorporated into this form by reference, including consent to the collection of my personally identifying information and its subsequent use and disclosure.*

*Without limiting the above statement, I specifically authorize the release to ACT of diagnostic information by school officials, physicians, or others having such information, and full documentation, if requested. I understand that any documentation provided to ACT will remain with the application and will not become part of my examinee score record.*

**International Examinees:** *By signing below, I am also providing my consent to ACT to transfer my personally identifying information to the United States to ACT or a third party service provider for processing, where it will be subject to use and disclosure under the laws of the United States. I acknowledge and agree that it may also be accessible to law enforcement and national security authorities in the United States.*

*If I am under the age of 18, the signature of my parent or legal guardian certifies and agrees to these terms and conditions on my behalf.*

|                    |   |      |
|--------------------|---|------|
| Examinee Signature | Parent/Legal Guardian (if examinee is under 18) | Date |
|--------------------|---|------|