

Request for Testing Accommodations for ACT Exams
Please return with your admission ticket to your counselor for processing.

Please print clearly

Student Information:

First Name _____ Middle Initial ____ Last Name _____

Date of Birth ____/____/____

Street Address _____ City _____ State ____ Zip _____

Requested Test Format:

- Regular Type booklet with scannable answer sheet
- Large Type booklet (for students with a documented visual disability)

Other accommodations requested:

- must be supported in the documentation that accompanies your request (i.e. included in the list of testing accommodations in your IEP or 504 Plan)
- it is your responsibility to request accommodations in addition to extended time
- testing over more than one day or with a scribe or computer for the writing test is offered only through Special testing

- Seating at front of room
- Written copy of spoken instructions
- Authorization to bring a sign language interpreter for spoken instructions (not test items)
- Wheelchair access; table (not desk)
- Mark responses in test booklet
- Other _____

Examinee signature (required):

My signature certifies that I am the person whose information is submitted on this request for ACT accommodations and that the information provided is accurate.

I authorize release to ACT of diagnostic information by school officials, physicians, or others having such information. This information will be kept confidential by the ACT and will not become part of my score record.

If this request is not approved, I understand that I am still registered to test with the standard time on the test date at the test center listed on my ticket. If this request is approved, I understand that ACT will send me an email instructing me to print my extended time ticket to present on the date of testing.

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 (required) _____ Date _____

YOU MUST INCLUDE A COPY OF YOUR ADMISSION TICKET ALONG WITH THIS APPLICATION

PLEASE CHECK THE ACT WEBSITE TO BE SURE THAT YOU ARE ADHERING TO THEIR DEADLINES FOR YOUR INTENDED TEST DATE, AND PLEASE SUBMIT TO US A MINIMUM OF ONE WEEK PRIOR TO THE ACT DEADLINE TO ALLOW US PROCESSING TIME FOR YOUR APPLICATION