

CONSENT TO RELEASE INFORMATION TO ACT

Examinee Test Accessibility Accommodations Information

School officials: Print this document, have it signed, and keep it on file for one year as a record of your administration. Please do not send this form to ACT.

Print the examinee's first and last name.

Examinee First Name

Examinee Last Name

Parent/Guardian/Student Consent

I authorize the release of documents or other information related to requesting accommodations to ACT by school officials, physicians, or others having such information, as requested by ACT. I understand that any documentation or information provided to ACT will remain with the records related to the request and will not become part of the examinee's permanent score record. If this request for accommodations is not approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations.

Parent/Legal Guardian or Student (if over the age of 18) signature

Date

Telephone Consent (instead of the above consent)

I verify that I have spoken to the examinee's parent or legal guardian by telephone and obtained their permission to release information to ACT specifically as described above.

School Official (signature)

Date