

The ACT[®] Test Information Release Order Form, 2015–2016

(See Postmark Deadlines)

☐ This is a new permanent address

PLEASE PRINT

Name (as given when the ACT test was taken)

Date of Birth

Street Address

City

State/Province

ZIP/Postal Code

()

ACT ID

Telephone Number

Location of test center where the ACT test was taken

I understand that by signing below, I consent to the ACT Privacy Policy (www.act.org/privacy.html), which is incorporated into this form by reference, including consent to the collection of personally identifying information and its subsequent use and disclosure.

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.*

LEGAL SIGNATURE of person whose test information is requested

* This is notification that when you pay by check you are authorizing ACT, Inc., to convert your check to an electronic entry. When we use this information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. If your check is returned to us due to insufficient or uncollected funds, it may be re-presented electronically and your account will be debited.

The ACT[®] Test Information Release can be purchased at the time of registration or by completing and mailing this order form **after** you test. This service is offered on the following national test dates at a national test center. This service is not offered on any other test dates or for any non-national administrations (e.g., International, School, State and District, Special). Indicate the test date for which you are requesting this service. (Your order **must** be postmarked by the deadline below.)

Test Date

☐ December 12, 2015

☐ April 7–11, 2016

☐ June 11, 2016

Postmark Deadline

March 12, 2016

July 9, 2016

September 11, 2016

The fee for this service is \$20.00.

Mail this form and a check* payable to ACT to:

ACT Test Information Release
PO Box 4008
Iowa City, IA 52243-4008
USA

All orders received after scores are reported will be mailed 3 to 5 weeks after receipt at ACT. You cannot expect to receive the materials in time to study for the next test date.

If, for any reason, we have to replace the test version scheduled for use at your test center, this offer becomes void and we will refund your fee for this service. If you order and pay for this service when you register and test on an ineligible test date, we will automatically refund this fee.

