

The ACT

Consent Form for Request for Accommodations

Student's Name: _____

School: _____

Student's Date of Birth: _____

I wish to apply for testing accommodation(s) on The ACT due to disability. I authorize my school: to release to ACT copies of my records that document the existence of my disability and need for testing accommodations; to release any other information in the school's custody that ACT requests for the purpose of determining my eligibility for testing accommodations on The ACT; and to discuss my disability and accommodation needs with ACT. I also grant ACT permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals. I agree to the conditions set forth by ACT relating to accommodations for disabilities.

Student's Signature

Date

Parent/Guardian's Signature
(Required if Student is under 18)

Date

*Return to Jill Kramer (High School Learner Services/Testing Coordinator)