Consent to Release Information to ACT

Print the examinee's first and last name.

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Examinee First Name | Examinee Last Name

Parent/Guardian/Student Consent

I verify that the information provided in the accommodations and English learner (EL) supports request in the Test Accessibility and Accommodations System (TAA) is accurate to the best of my knowledge. I authorize the release to ACT of documents or other information related to this request by school officials, physicians, or others having such information, if 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 or EL supports is not approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations or EL supports.

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

Telephone Consent

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

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School official's signature | Date

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