



# Order Form for Alternate Format Practice Tests

Use this form to place an order for free alternate formats of the ACT® practice test. These materials may be checked out by students or used to simulate a practice session in school.

### Instructions

1. Complete the form and then email it to ACT Customer Services at [customerservices@act.org](mailto:customerservices@act.org).
2. Order the format(s) your students will require for the actual administration.
3. Indicate the quantity of each item you are ordering. Please consider quantities carefully. **You may reuse these materials.**

Quantity	Item	Description	Identifier
	Audio (DVD and USB)	Includes a cover letter, regular type test booklet, DVD Usage Guidelines and USB Usage Guidelines.	01116616KT
	Braille (with Raised Line Drawings—EBAE)	Includes a regular type booklet.	01117716PT
	Braille (with Raised Line Drawings—UEB)	Includes a regular type booklet.	01117A17PT
	Braille Writing Booklet (EBAE)	For braille users taking the ACT with writing.	01117717W
	Braille Writing Booklet (UEB)	For braille users taking the ACT with writing.	01119917W
	Raised Line Drawings (EBAE)	For use only by students requiring oral presentation. <b>If you chose braille, do not order this item.</b>	01117316PT
	Raised Line Drawings (UEB)	For use only by students requiring oral presentation. <b>If you chose braille, do not order this item.</b>	01117K17PT
	Large Type Multiple-Choice Booklet	Includes a large type (18-pt.) answer document.	01117516KT
	Large Type Writing Booklet	Large type (18-pt.) writing booklet	01195817W

A copy of *Preparing for the ACT® Test Special Testing* will be included with each set of items ordered. This publication provides the scoring keys and a writing test, which may be read verbatim to students. Those students who will test with a regular type test booklet should download *Preparing for the ACT® Test*, which also includes a writing test, from [www.actstudent.org](http://www.actstudent.org).

**Ship to:** (Type or print; all fields required unless stated otherwise.)

\_\_\_\_\_  
Name and Title (if applicable)

\_\_\_\_\_  
Institution Name (If applicable; if not, check box below.)

I am ordering as an individual (e.g., as a parent), not for a school.

\_\_\_\_\_  
Address (Do not use PO Box number.)

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Telephone (Include area code and extension.)

\_\_\_\_\_  
ACT Customer Number (if known)

\_\_\_\_\_  
High School Code OR College Code (if applicable)

**For questions related to tracking an order, please email ACT Customer Services at [customerservices@act.org](mailto:customerservices@act.org).**

**For all other inquiries regarding testing students with disabilities, please contact ACT Test Accommodations at 319.337.1332.**