Overview

- This form may be used to request an additional score report (ASR) for the ACT® test.
- ASR requests are processed after tests have been scored and scores are available for reporting.
- This service does not expedite the scoring process.
- Scores are reported to the office designated by the institution to receive all ACT scores.
- ACT Customer Care cannot provide your scores by phone, email, chat, or fax.

Note: Once a request is submitted, it cannot be changed or canceled.

Report Types

| Regular Report | Consists of a complete report. |
|               | Normally processed within one week of receiving the request. |
|               | Delivered in the next cycle requested by the receiving institution (at least every two weeks). |

| Archived Report | See Side 2 – Fees for more information on what test dates qualify for archived reporting. |
|                | Archived scores require an additional 1–2 days to process. |

ASR Ordering Options

| Paper form | Complete Side 2 of this document to request reports. |
|           | Payment must be provided with the form. |
|           | Mail the form and fee to the address indicated on Side 2 of this document. |
|           | For faster service, review the other two options below. |

| Online | Submit requests for regular reports via www.actstudent.org through your ACT web account. |
|        | Payment must be made by valid credit card. |

| By phone | Request up to eight reports by phone and pay a service fee for the phone call in addition to the fee for each report. |
|          | Payment must be made by valid credit card. |
|          | Office hours:  |
|          | 8:00 a.m.–8:00 p.m. central time |
|          | Monday–Friday |
|          | Phone number: 319.337.1270 |
Additional Score Report (ASR) Order Form 2019–20

Side 2—See Side 1 for important information.

Fees

• All fees are per test date, per report.
• Services and fees are effective Sept. 1, 2019, through Aug. 31, 2020.
• Fees submitted with this form are accepted by check or money order in US dollars, drawn on a US bank, payable to ACT.

Step 1: Provide Examinee Information—required

• Scores are on file at ACT under the information provided at the time of testing.
• All information requested in this section is required.
• Please print clearly.

Information at Time of Test

Examinee Name (Last, First, MI)
Address
City                                  State/Province            ZIP/Postal Code
Date of Birth (MM/DD/YYYY)          ACT ID from score report
Test Center Name

Current Information

Examinee Name (Last, First, MI)
Address
City                                  State/Province            ZIP/Postal Code
Phone Number
Email (optional)—print in all capital letters

Step 2: Order Reports

• Use valid ACT college codes only. Visit www.actstudent.org for a complete list of codes.
• If the institution has more than one campus, indicate by city and state the campus to which you wish your scores sent.
• If you are unable to find your college code, you may either contact the institution or call ACT for assistance. If the institution does not have a code, they will need to contact ACT to obtain one before you can send a score report to them. If you have any questions, contact ACT at 319.337.1270.

<table>
<thead>
<tr>
<th>COLLEGE CODE</th>
<th>NAME OF COLLEGE</th>
<th>CITY</th>
<th>STATE</th>
<th>TEST DATE</th>
<th>TEST LOCATION</th>
<th>DELIVERY TYPE</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8 8 8</td>
<td>SAMPLE COLLEGE</td>
<td>COLLEGEVILLE</td>
<td>OH</td>
<td>4/14</td>
<td>Nat’l</td>
<td>R</td>
<td>$13.00</td>
</tr>
<tr>
<td>8 8 8 8</td>
<td>SAMPLE COLLEGE</td>
<td>COLLEGEVILLE</td>
<td>OH</td>
<td>6/07</td>
<td>Nat’l</td>
<td>AR</td>
<td>$38.00</td>
</tr>
</tbody>
</table>

Complete this line to request a report to a high school, or a personal copy.—→
Addressee:
Address:
City: State/Province: ZIP/Postal Code:

*Note: Customers will be charged applicable state and local sales taxes where required. A list of states where ACT is registered to collect and remit sales tax can be found at www.act.org/orderinfo. If required, calculate appropriate sales tax based on your shipping address and add to the order total. If you are exempt from sales tax, appropriate documentation must be received by ACT before tax-exempt status will be granted.

NOTICE: 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.

Step 3: Examinee Signature—required

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.

Examinee Signature           Date (MM/DD/YYYY)

Step 4: Mail this form (and fees) to: ACT, PO Box 451, Iowa City, IA 52243-0451

Before submitting this form, check the following:

☐ Required information is provided and clearly printed.
☐ The information is accurate.
☐ Any applicable fees are included with this order form.
☐ This form has been signed.