

Side 1

Please review all information on this page before completing the order form.
See **Side 2** for a complete order form.

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	<ul style="list-style-type: none"> • 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).
Priority Report	<ul style="list-style-type: none"> • Consists of an abbreviated report of student identifying information and scores. • Normally processed within two working days after receiving the request. • After the request is processed, it is delivered by first class mail in 3–4 business days. • Available only for institutions within the United States. • As follow-up, a complete report is included in the next reporting cycle requested by the receiving institution. <p>Note: Institutions that receive only electronic reports might not review priority reports.</p>
Archived Report	<ul style="list-style-type: none"> • See Side 2 – Fees for more information on what test dates qualify for archived reporting. • Either a regular report or priority report may be requested. • Archived scores require an additional 1–2 days to process.

ASR Ordering Options

Paper form	<ul style="list-style-type: none"> • Complete Side 2 of this document to request regular or priority 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	<ul style="list-style-type: none"> • Submit requests for regular or priority reports via www.actstudent.org through your ACT web account. • See types of reports and fees on Side 2 of this document. • Payment must be made by valid credit card.
By phone	<ul style="list-style-type: none"> • Regular reports are not available by phone. • Request up to eight priority 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: <ul style="list-style-type: none"> ◦ 8:00 a.m.–8:00 p.m. central time ◦ Monday–Friday • Phone number: 319.337.1270

Side 2—See Side 1 for important information.

Fees

- All fees are per test date, per report.
- Services and fees are effective Sept. 1, 2018, through Aug. 31, 2019.
- Fees submitted with this form are accepted by check or money order in US dollars, drawn on a US bank, payable to ACT.

Test Date	Report Type	Delivery Type	Fee
After September 1, 2016	Regular Report	R	\$13.00
	Priority Report	P	\$16.50
Before September 2016	Archived Regular Report	AR	\$38.00
	Archived Priority Report	AP	\$41.50

See Side 1—Report Types for more information.

Note: If the order is placed over the phone, add an additional \$15.00 phone fee.

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 (or Social Security number) 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.

COLLEGE CODE	NAME OF COLLEGE	CITY	STATE	TEST DATE	TEST LOCATION	DELIVERY TYPE	FEE (see table above)
8 8 8 8	SAMPLE COLLEGE	COLLEGEVILLE	OH	4/14	Nat'l	P	16.50
8 8 8 8	SAMPLE COLLEGE	COLLEGEVILLE	OH	6/07	Nat'l	AR	38.00
Complete this line to request a report to a high school, uncoded institution, or a personal copy. →							
Addressee:						Add fees for all requested reports and enter in the box below. 	
Address:							
City:		State/Province:		ZIP/Postal Code:			
*Tax, if applicable:							
Total Fee Enclosed:							

*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.