



# Order Form for ACT® Alternate Format Practice Tests

Use this form to place an order for free alternate formats of the ACT practice test.

## Instructions

1. Order the practice test format(s) that your students/you will require for the ACT administration by indicating the quantity of each item in the first column.
2. Email the completed form to [act-services@act.org](mailto:act-services@act.org).

**Please consider quantities carefully. You may reuse these materials.**

Quantity	Item	Description	Identifier
	Pre-recorded Audio (USB)	Includes a regular-print test booklet and USB Usage Guidelines.	01136622KT
	Braille (with Raised Line Drawings—EBAE)	Includes a regular-print test booklet.	01117722PT
	Braille (with Raised Line Drawings—UEB with Nemeth)	Includes a regular-print test booklet.	01117A22PT
	Braille (with Raised Line Drawings—UEB Math/Science)	Includes a regular-print test booklet.	01117C22PT
	Braille Writing Booklet (EBAE)	For braille users taking the ACT with writing.	01117722W
	Braille Writing Booklet (UEB)	For braille users taking the ACT with writing.	01119922W
	Raised Line Drawings (EBAE)	For use only by students requiring oral presentation. <b>If you choose braille, do not order this item.</b>	01117322PT
	Raised Line Drawings (UEB with Nemeth)	For use only by students requiring oral presentation. <b>If you choose braille, do not order this item.</b>	01117K22PT
	Raised Line Drawings (UEB Math/Science)	For use only by students requiring oral presentation. <b>If you choose braille, do not order this item.</b>	01117F22PT
	Large Print Multiple-Choice Booklet	Includes a large-print (18-pt.) answer document.	011AK1220
	Large Print Writing Booklet	Large-print (18-pt.) writing booklet	01195822W

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.

**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 at [act-services@act.org](mailto:act-services@act.org).

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