

## ACT<sup>®</sup> Authorization to Release Personal Information

If you are the age of eighteen or older and want us to speak with your parent, guardian, or others, you will need to complete and return the authorization form set forth below. If you are under the age of eighteen, we will speak to a parent or legal guardian; however, that person must also sign this form to permit us to speak with anyone else.

I, [NAME], reside at the following address:

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My date of birth is \_\_\_\_\_ and I consent to the release of any and all records in the possession of ACT Education Corp. ("ACT") which are in any way related to me.

ACT is authorized to release and make full disclosure of such records to, and to discuss any information relating to those records with, the following individual(s):

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*[Name and title of individual to whom ACT is authorized to release information, (ex. Jane Doe, Admissions, University of X)]*

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*[Name and title of individual to whom ACT is authorized to release information, (ex. John Doe, Counselor, ABC High School)]*

This authorization is effective immediately and will remain in effect until revoked by me in writing.

I hereby release and hold harmless ACT and its agents from any and all claims and actions based upon, arising out of, or relating in any way to any disclosure of records or information pursuant to this Authorization to Release Personal Information form.

A copy of this document shall serve as the original.

**Examinee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the above-named examinee is under the age of eighteen, the parent or legal guardian of the examinee must also sign below indicating consent and agreement to this Authorization to Release Personal Information form.

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Complete and return by mail, fax, or email to:

ACT Test Security (53)  
P.O. Box 168  
Iowa City, IA 52243-0168  
Fax: 319.341.2303  
Email: test.security@act.org