

Examinee Records Modification Request Form

If you have taken ACT® WorkKeys® tests but received score reports with **incorrect demographic information**, then complete and submit this form to request an update of your records.

Note: If you took a test under the wrong name you will have to retest.

Complete all of this information as it currently appears on your record.	3. Fill in only what needs to be changed .
Last Name:	Last Name: *
First Name:	First Name: *
Address:	Address:
City:	City:
State: Zip Code:	State: Zip Code:
Email Address:	Email Address:
Phone Number:	Phone Number:
Date of Birth:	Date of Birth:
Examinee ID:	Examinee ID:
TEST TVDE (Change One):	
TEST TYPE (Choose One): Online Paper	
TESTING INFORMATION: Site Code	
TESTING INFORMATION:	
TESTING INFORMATION: Site Code Test Date(s) Test Title(s) Test Location(s)	
TESTING INFORMATION: Site Code Test Date(s) Test Title(s)	at I authorize this change." □
TESTING INFORMATION: Site Code Test Date(s) Test Title(s) Test Location(s) "By checking this box and typing my name, I attest that TYPE YOUR NAME:	at I authorize this change."
TESTING INFORMATION: Site Code Test Date(s) Test Title(s) Test Location(s) "By checking this box and typing my name, I attest that	at I authorize this change." □

You should receive a confirmation from ACT after submitting the form. Please allow up to 5 business days after

ACT receives this request for these changes to show on your MyWorkKeys.com account.