

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.

1. USER ID in your MyWorkkeys.com Account (If known) _____

2. 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:

*If your name has been **legally changed**, also provide documentation (e.g., marriage license, divorce decree, etc.) that shows this change.

4. CERTIFICATE NUMBER (If known): _____ CERTIFICATE LEVEL: _____

5. TEST TYPE (Choose One): Online Paper

6. TESTING INFORMATION:

Site Code _____
 Test Date(s) _____
 Test Title(s) _____
 Test Location(s) _____

7. "By checking this box and typing my name, I attest that I authorize this change."

TYPE YOUR NAME: _____ DATE: _____

8. Submit completed form via email or fax:

Email: WorkKeysAssist@ACT.org
Fax: 319.341.2630

Questions? **Call:** 800.967.5539

Please allow up to 5 business days after ACT receives this request for these changes to show on your MyWorkKeys.com account.