



Test Information Release Order Form 2018–2019

The ACT® Test Information Release can be purchased at the time of registration or by completing and mailing this order form, with payment, after you test (see postmark deadlines). This service is offered only for testing at a national test center on the national test dates listed below.

Instructions: Indicate the test date(s) for which you are requesting this service. Complete and sign this order form, then mail the form, with payment, by the postmark deadline.

Test Date	Postmark Deadline	Mail to:	Fee:
<input type="checkbox"/> April 12-16, 2018	<i>October 15, 2018</i>	ACT Test Information Release PO Box 4008 Iowa City, IA 52243-4008 USA	\$20.00 per test date ordered. Payment* is by check or money order only, payable to ACT. Do not enclose cash or provide a credit card number.
<input type="checkbox"/> June 9, 2018	<i>December 10, 2018</i>		
<input type="checkbox"/> December 8, 2018	<i>June 10, 2019</i>		
<input type="checkbox"/> April 11-15, 2019	<i>October 14, 2019</i>		
<input type="checkbox"/> June 8, 2019	<i>December 9, 2019</i>		

Notes:

- All orders received after scores are reported will be mailed 3 to 5 weeks after receipt at ACT. You cannot expect to receive the materials in time to study for the next test date.
- If, for any reason, we have to replace the test version scheduled for use at your test center, this offer becomes void and we will refund your fee for this service. If you order and pay for this service when you register and test on an ineligible test date, we will automatically refund this fee.
- 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.

This is a new permanent address

PLEASE PRINT

Name of Examinee (as given when the ACT test was taken) Date of Birth

Street Address

_____ City	_____ State/Province	_____ ZIP/Postal Code
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_____ ACT ID	_____ Telephone Number
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Location of test center where the ACT test was taken

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.

LEGAL SIGNATURE of the examinee

* Payment must be made in US dollars drawn on a US or US affiliate bank. 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.