



Consent to Release Information to ACT

I verify that the information provided in the accommodations request in the Test Accessibility and Accommodations System (TAA) is accurate to the best of my knowledge.

I authorize the release to ACT of information related to this request by school officials, if requested. I understand that any documentation provided to ACT will remain with the request and will not become part of the examinee's permanent score record.

If this request cannot be approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations.

Student Name: XXXXXXXXX

Parent Signature: _____

Date: _____

I do not wish to pursue a request for accommodations for the ACT test, even though my child may be eligible for accommodations.

Student Name: XXXXXXXXX

Parent Signature: _____

Date: _____