

CONSENT TO RELEASE INFORMATION TO ACT**Examinee TAA Information**

Print the examinee's first and last name.

Examinee First Name

Examinee Last Name

Parent/Guardian/Student Consent

I authorize the release of documents or other information related to requesting accommodations or English learner (EL) supports to ACT by school officials, physicians, or other having such information, as requested by ACT. I understand that any documentation or information provided to ACT will remain with the records related to the request and will not become part of the examinee's permanent score record. If this request for accommodations or EL supports is not approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations or EL supports.

Parent/Legal Guardian or Student (if over the age of 18) signature

Date

Telephone Consent (instead of the above consent)

I verify that I have spoken to the examinee's parent or legal guardian by telephone and obtained their permission to release information to ACT specifically as described above.

School Official (signature)

Date