

REQUEST FORM

ACT[®] Score Verification

Use this form to request verification of your multiple-choice and/or your writing test scores. If your request form is incomplete, received more than 12 months after the test date, or submitted without payment or signature, it will be returned unprocessed.

Overview

For multiple-choice tests, ACT will verify that your responses were checked against the correct scoring key.

For writing tests, ACT will verify that your essay

readers and by a third reader in the event that the two scores differed by more than one point in any domain. ACT will also verify that your essay was properly captured and displayed to readers. If errors are discovered during score

ACT will inform you by letter of the results of the weeks after receiving your request.

If a scoring error is discovered, your scores will be changed and corrected reports will be released to you and all previous score report recipients at no charge. In addition, your score

Information

Please complete all the information below. Print clearly.

Test Date (MM/DD/YYYY) ID#

First Name (at time of testing) MI

Last Name (at time of testing)

Date of Birth (MM/DD/YYYY)

Email Address

Street Address

City State ZIP/Postal Code

Country

Test Center Name Test Center Code

Once you submit this request with payment, you will be charged the total amount, and the request cannot be canceled. Payment is by check or money order only, payable to ACT Education Corp.

Note: Sales tax is applicable in South Dakota