



301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071

Date: _____

Test Accommodations Coordinator Header (For the ACT for State Testing)

ACT-Approved Accommodations – Deadline: December 1, 2009*

State-Allowed Accommodations – Deadline: January 22, 2010*

This envelope contains _____ completed accommodations request forms for
(number)
the ACT for State Testing from: (if any of the information pre-printed below is incorrect, please correct it.)

<<HS NAME>>

<<HS CODE>>

<<State>>

(Name of high school)

(ACT High School Code)

(State)

Test Accommodations Coordinator: (This form must be signed by the **same** individual who signed the Test Accommodations Coordinator Agreement on file at ACT for the current school year.)

<<TAC Name>>

(Test Accommodations Coordinator name)

Signature: _____

Date: _____

Review the following checklist prior to sending completed accommodations request forms to ACT:

- ✓ All information has been completed on each request form.
- ✓ All required documentation to support each request has been included.
- ✓ The student/parent and school official have signed and dated the accommodations request form.
- ✓ **This header must accompany each group of completed request forms returned to ACT.**

Submit applications by the appropriate deadline above* to:

**ACT State Test Accommodations – March
301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071**

