



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

MI

ACT High School Code Number:

Date: _____

Test Accommodations Coordinator Header

(For ACT Statewide or District Choice Testing)

ACT-Approved Accommodations – Deadline: December 1, 2008*

State-Allowed Accommodations - Deadline: January 23, 2009*

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

 (Name of high school)

 (Phone number including area code and extension)

 (Shipping address, No PO Box Number)

 (Fax number including area code)

 (City & State)

 (ZIP code)

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 year.)*

 Name Title

 TAC E-mail Phone

Signature: _____ Date: _____

Review the following instructions/checklist prior to sending completed ACT Statewide or District Choice Testing 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 - MI
301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071