

# Transfer of Accommodations Request Form MME Day 1 State Testing

*(Do not use this form after the deadline of February 10, 2012)*

The purpose of this form is to transfer a student's ACT State Testing accommodations (Day 1) from one test site to another. The form must be completed by both the test site the student is transferring from and the new test site. Submitting this form will authorize ACT to ship the MME Day 1 test materials to the newly assigned test site.

- To order Day 2 accommodations, you must contact ACT at 800/553-6244, ext. 1788.
- To order Day 3 accommodations, you must go to the BAA secure site and enter your order.

*Please print or type.*

## A. STUDENT INFORMATION

\_\_\_\_\_  
Student Name (Last, First, Middle Initial)

\_\_\_\_\_  
Date of Birth (Mo/Day/Yr)

\_\_\_\_\_  
Student Street Address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## B. NEW SCHOOL INFORMATION

\_\_\_\_\_  
Test Accommodations Coordinator's Name

-

ACT High School Code

\_\_\_\_\_  
Name of the High School Student Now Attends and Where the  
Student Will Test

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I certify that the above named student has transferred to my school and that I am willing to administer the MME to the student with all of the accommodations approved at the student's former school.

\_\_\_\_\_  
Test Accommodation Coordinator's Signature

## C. FORMER SCHOOL INFORMATION

\_\_\_\_\_  
Test Accommodations Coordinator's Name

-

ACT High School Code

\_\_\_\_\_  
Name of the High School Student Formerly Attended

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I understand that the above named student has transferred out of my school and I am no longer responsible for administering the MME to the student. I understand that any test materials that may be shipped to my school for this student should not to be used by any other student, and I will return them to ACT along with my other accommodations materials after the testing window.

\_\_\_\_\_  
Test Accommodation Coordinator's Signature

**Form(s) must be received at ACT by February 10, 2012.**

Fax to State Testing Accommodations at 319/337-1285, or mail to  
State Testing Accommodations, 301 ACT Drive, P.O. Box 4071, Iowa City, IA 52243-4071