



State Testing Profile Change Form

Purpose of This Form: If an appointed staff member can no longer serve in his/her role, the replacement must use this form to provide their information to ACT.
Instructions: Complete this form **ONLY** if you are the replacement for the previously named staff member. **Do NOT complete this form if you are a room supervisor or proctor.**

Select Testing Role

- Test Supervisor
- Back-up Test Supervisor
- Test Accommodations Coordinator

ACT High School Code: (for testing school)

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Complete All Fields Below

Name

Job Title

High School or District Name

Work Phone

Alternate Phone

Email Address

TESTING STAFF AGREEMENT

I certify that I meet the required qualifications in the Summary of Requirements document included in the establishment mailing and will personally carry out the responsibilities of my assigned role.

I agree to take all steps necessary to arrange for appropriate testing facilities and test material security. I also agree to provide test administration services in accordance with all policies and procedures provided by ACT. I understand and agree that during my term in my assigned role, neither I nor any member of my testing staff will engage in any test preparation activities for ACT testing programs beyond our specifically defined school responsibilities. I agree to read and comply with all policies and procedures provided at any time by ACT which are relevant to the ACT testing program(s) that I am supervising, including all those listed in the *Supervisor's Manual*. I agree to immediately notify ACT of test administration or security concerns and to fully cooperate in any investigation conducted by ACT. By entering my name below, I agree to the above Testing Staff Agreement.

Signature

Date

Fax or email the completed form to ACT.

Fax: 319.337.1019
Email: mi.mme@act.org

If you have questions about completing this form contact ACT Test Administration at 800.553.6244, ext. 2800.