

# Application for National Standard Time with Accommodations

## Instructions:

- **Register** for your preferred test center.
- **Print** a copy of your Admission Ticket.
- **Complete** this form indicating the accommodations you are requesting.
- **Include written documentation** from your school and/or physician describing in detail the accommodations you normally receive in school, including the name and phone number of a school official familiar with your current test accommodations.
- **Include** a second test center in case your first choice is unable to accommodate your needs.

## Submit your request:

**By mail:** ACT  
Attn: National Standard Time  
with Accommodations  
PO Box 168  
Iowa City, IA 52243-0168

**By fax:** 319.339.3039  
Attn: National Standard Time  
with Accommodations

**Note:** In order to provide the approved accommodations, ACT may not be able to assign you to the test center shown on your Admission Ticket. If this happens, you will need to **print a new Admission Ticket** from your ACT web account.

If you want to test again with the **same** previously approved accommodations, you may re-register through your ACT web account or by calling 319.337.1332.

**\*\*Standby** examinees cannot request/receive accommodations.

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Sections A through D must be completed by the student/parent. Please print clearly.

## (A) STUDENT INFORMATION

Student Name	ACT ID #
Address	City, State & Zip
Phone Number	Email Address

## (B) TEST DATE AND TEST CENTER CHOICES

This application will be processed **only** if returned with a copy of your ticket **postmarked by the deadline** for the test date on the ticket. Forms postmarked after the regular deadline, but received by the late deadline, will be processed. Forms received after the late deadline will be processed for the next test date.

**\*\*ATTACH A COPY OF YOUR ADMISSION TICKET\*\***

Test Center Code, 1st choice \_\_\_\_\_ Test Center Name \_\_\_\_\_  
Test Center Code, 2nd choice \_\_\_\_\_ Test Center Name \_\_\_\_\_

### Select Your Test Date

### Deadline to request accommodations

- |   |                   |
|---|-------------------|
| <input type="checkbox"/> September 21, 2013 | September 6, 2013 |
| <input type="checkbox"/> October 26, 2013   | October 11, 2013  |
| <input type="checkbox"/> December 14, 2013  | November 22, 2013 |
| <input type="checkbox"/> February 8, 2014   | January 24, 2014  |
| <input type="checkbox"/> April 12, 2014     | March 21, 2014    |
| <input type="checkbox"/> June 14, 2014      | May 23, 2014      |

Explain your disability and clearly state the accommodations you are requesting with enough detail so we can make arrangements with the test center. \_\_\_\_\_

## (C) ACCOMMODATIONS REQUESTED

If you would like to request extended time, do **not** submit this application. Instead, complete the Extended Time Application for National Testing at [www.actstudent.org/regist/disab/](http://www.actstudent.org/regist/disab/).

- Wheelchair accessibility, Test at a table instead of a desk
- Large-type testing booklet and answer document (the testing staff will transfer answers from the large-print answer document). The large-type booklet is 18 point font.
- Marking answers in the test booklet (the examinee will have to complete his or her name, address, and other personal information). The examinee may watch the testing staff transfer the answers after testing is complete.
- Permission for food/drink in the testing room
- Permission for diabetics to bring diabetic supplies/wear insulin pump
- Stop-the-clock breaks (the examinee will test in a separate room)
- Seating near the front of the room
- Written copy of the spoken instructions
- Visual notification of start, time remaining, and stop times
- Sign Language Interpreter, directions only. Examinee is responsible to bring his or her sign language interpreter. May not be a relative. ACT will pay the sign language interpreter.
- Other \_\_\_\_\_

## (D) STUDENT/PARENT/LEGAL GUARDIAN SIGNATURES

(Form cannot be processed without signatures.) I verify the information on this form is accurate to the best of my knowledge. I understand that any documentation provided to ACT will be kept confidential, will be used solely to determine eligibility and will not become part of my score record.

Signature: Examinee \_\_\_\_\_

Parent, if examinee is under 18 \_\_\_\_\_