

# 2011–2012 ACT Additional Score Report (ASR) Request Form

Please print. Your scores are on file at ACT under the information you provided at the time you tested. Processing will be delayed if you do not complete ALL information in this section.

ACT Records  
P.O. Box 451  
Iowa City, IA 52243-0451  
USA



<b>Information at Time of Test</b> (All information required and will appear on score reports.)				<b>Current Name and Mailing Address</b> (required)				<p><b>For faster service, submit your request:</b></p> <ul style="list-style-type: none"> <li>• <b>Online</b>—Submit requests for regular or priority reports via our website through your ACT Web account. See types of reports and fees below. Payment must be by valid credit card.</li> <li>• <b>By phone</b> – Request up to 8 priority reports by phone and pay a \$13 service fee for the phone call IN ADDITION TO the fee for each report. (Regular reports are <b>not</b> available by phone.) Payment must be by valid credit card. Office hours are 8:30 a.m.–5:00 p.m., central time, Monday through Friday. Phone: 319/337-1313.</li> </ul> <p><b>Once you submit a request by any method, it cannot be changed or cancelled. Scores are not given to anyone by phone, fax, or e-mail.</b></p>				
Name (Last Name) (First Name) (Middle Initial)			Name (Last Name) (First Name) (Middle Initial)									
Address				Address								
City		State/Province		ZIP/Postal Code		City			State/Province		ZIP/Postal Code	
Date of Birth    Month / Day / Year		Test Center Name		E-mail (optional)                      Print in all capital letters.								
Social Security Number (or ACT ID from score report)     _ _ _ - _ _ - _ _ _ _												
<p><b>Note: Reports you request will include the SSN or ACT ID now on your record. Changes can be made to records for test dates after September 1, 2009 (not archived records), only if you provide one of the following directions below:</b></p> <p><input type="checkbox"/> Change ACT ID to this SSN: _____                      <input type="checkbox"/> Correct SSN should be: _____</p>												

**DELIVERY TYPES**

**REGULAR REPORT** is a complete report and is normally processed within one week of receipt of your request. These reports are delivered in the next cycle requested by the college or agency, at least every two weeks.

**PRIORITY REPORT** is normally processed within two working days after receipt of your request, and is usually delivered **3 to 4 business days later**.

Priority reports are available only for institutions in the United States and include only your identifying information and scores. As standard follow-up, your complete report is included in the next reporting cycle requested by the college or agency, at least every two weeks. Colleges that receive reports only electronically might not review priority reports.

**FEES: ALL FEES ARE PER TEST DATE PER REPORT**

If you tested **after** September 1, 2009:  
R = Regular Report = **\$10.00**  
P = Priority Report = **\$15.00**

**ARCHIVED SCORES** — Your record is archived if you tested **before** September 2009. This will require an additional 1–2 days to process.  
AR = Archived Regular Report = **\$30.00**  
AP = Archived Priority Report = **\$35.00**

- ASR requests are processed *after* your tests have been scored and scores are available for reporting. Using an ASR service does not expedite the scoring of your tests.
- **Use valid ACT codes only.** See list on [www.actstudent.org](http://www.actstudent.org). If the college has more than one campus, you must indicate by city and state the campus to which you wish your scores sent.
- Processing will be delayed if you do not provide your Social Security number or ACT ID from your score report and test date (month and year). If you want to send scores from a month during which you tested more than once, SPECIFY the TEST LOCATION or the TYPE of test to report (e.g., National, International, School, and State).
- We will send your report to the office designated by the institution to receive all ACT scores, not to any other individual or office.

8	8	8	8	SAMPLE COLLEGE	COLLEGEVILLE	OH	4/10	Nat'l	P	15.00					
8	8	8	8	SAMPLE COLLEGE	COLLEGEVILLE	OH	6/07	Nat'l	AR	30.00					
NAME OF COLLEGE TO WHICH YOU WANT YOUR SCORES REPORTED							WHICH TEST DATE (mm/yy) TO SEND		TEST LOCATION		DELIVERY TYPE		FEE		
COLLEGE CODE				CITY				STATE							
<b>Complete this section only to request a report to a high school or uncoded institution/agency, or a personal copy. A fee must be submitted.</b>												Add fees for all requested reports and enter in box below. 			
Addressee															
Address															
City				State/Province				ZIP/Postal Code							

**SIGNATURE OF EXAMINEE REQUIRED**  
Services and fees effective 9/1/11 through 8/31/12.

NOTICE: This is notification that when you pay by check you are authorizing ACT, Inc., to convert your check to an electronic entry. When we use this information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. If your check is returned to us due to insufficient or uncollected funds, it may be re-presented electronically and your account will be debited.

**Total Fee Enclosed**  
(Check or money order in U.S. dollars, drawn on a U.S. bank, payable to ACT Records.)

\$ \_\_\_\_\_