



# REQUEST FOR ACT® SCORE VERIFICATION

## Overview

Use this form to request verification of your multiple-choice and/or your writing test scores. If your request form is incomplete, received more than 12 months after the test date, or submitted without payment or signature it will be returned unprocessed.

For multiple-choice tests, ACT will verify that your responses were checked against the correct scoring key.

For writing tests, ACT will verify that your essay was scored by two independent, qualified readers and by a third reader in the event that the two scores

differed by more than one point in any domain. ACT will also verify that your essay was properly captured and displayed to readers. If errors are discovered during score verification, ACT will rescore your essay.

ACT will inform you by letter of the results of the score verification approximately three to five weeks after receiving your request.

If a scoring error is discovered, your scores will be changed and corrected reports will be released to you and all previous score report recipients at no charge. In addition, your score verification fee will be refunded.

## Please complete all the information below. Print clearly.

Test Date (MM/DD/YYYY) ID#

First Name (at time of testing) MI Last Name (at time of testing)

Date of Birth (MM/DD/YYYY) Email Address

Street Address City State Country ZIP/Postal Code

Test Center Name Test Center Code

*I am requesting verification of the following score(s) from the test date noted on this form:*

Multiple-choice test score verification Fee: \$58 \_\_\_\_\_

Writing test score verification Fee: \$58 \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_

Once you submit this request with payment, you will be charged the total amount\* and the request cannot be canceled. Payment is by check or money order only, payable to ACT, Inc.†

\*Sales tax is applicable in South Dakota and West Virginia. If you have questions regarding sales tax, please email [tax@act.org](mailto:tax@act.org)

†Do not enclose cash or provide a credit card number when mailing a payment. Payment must be made in US dollars drawn on a US or US affiliate bank. When you pay by check you authorize ACT, Inc., to convert your check to an electronic funds transfer, which may be withdrawn from your account as soon as the same day you make your payment. 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 represented electronically, and your account will be debited.

## Submit this form with full payment to:

ACT Customer Support  
PO Box 414  
Iowa City, IA 52243-0414  
USA