

EXAMINEE STATEMENTS, CERTIFICATION, AND SIGNATURE

- I UNDERSTAND AND AGREE THAT THE TERMS PERMIT ACT TO CANCEL MY SCORES IN CERTAIN CIRCUMSTANCES. THE TERMS ALSO LIMIT DAMAGES AVAILABLE TO ME AND REQUIRE ARBITRATION OF CERTAIN DISPUTES. BY AGREEING TO ARBITRATION, ACT AND I BOTH WAIVE THE RIGHT TO HAVE THOSE DISPUTES HEARD BY A JUDGE OR JURY.**

I understand that ACT owns the test questions and responses, and I will not share them with anyone by any form of communication before, during, or after the test administration. I understand that taking the test for someone else may violate the law and subject me to legal penalties. I consent to the collection and processing of personally identifying information I provide, and its subsequent use and disclosure, as described in the ACT Privacy Policy (www.act.org/privacy.html). If I am taking the test outside of the United States, I also permit ACT to transfer my personally identifying information to the United States, to ACT, or to a third-party service provider, where it will be subject to use and disclosure under the laws of the United States, including being accessible to law enforcement or national security authorities.

- I agree to the **Statements** above and certify that I am the person whose information appears on this form.*

 Your Signature Today's Date



USE A NO. 2 PENCIL ONLY.
(Do NOT use a mechanical pencil, ink, ballpoint, correction fluid, or felt-tip pen.)

A		
NAME, MAILING ADDRESS, AND TELEPHONE (Please print.)		
<hr/>		
Last Name	First Name	MI (Middle Initial)
<hr/>		
House Number & Street (Apt. No.); or PO Box & No.; or RR & No.		
<hr/>		
City	State/Province	ZIP/Postal Code
<hr/>		
Area Code	Number	Country

ACT Education Corp.—Confidential Restricted when data present

ALL examinees must complete block A – please print.

Blocks B, C, and D are required for all examinees. Find the **MATCHING INFORMATION** on your ticket. Enter it **EXACTLY** the same way, even if any of the information is missing or incorrect. Fill in the corresponding ovals. If you do not complete these blocks to match your previous information **EXACTLY**, your scores will be **delayed up to 8 weeks**.

B

MATCH NAME

(First 5 letters of last name)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A	A	A	A	A
B	B	B	B	B
C	C	C	C	C
D	D	D	D	D
E	E	E	E	E
F	F	F	F	F
G	G	G	G	G
H	H	H	H	H
I	I	I	I	I
J	J	J	J	J
K	K	K	K	K
L	L	L	L	L
M	M	M	M	M
N	N	N	N	N
O	O	O	O	O
P	P	P	P	P
Q	Q	Q	Q	Q
R	R	R	R	R
S	S	S	S	S
T	T	T	T	T
U	U	U	U	U
V	V	V	V	V
W	W	W	W	W
X	X	X	X	X
Y	Y	Y	Y	Y
Z	Z	Z	Z	Z

[illegible]

DATE OF BIRTH			
Month		Day	Year
<input type="radio"/> January			
<input type="radio"/> February			
<input type="radio"/> March			
<input type="radio"/> April			
<input type="radio"/> May			
<input type="radio"/> June			
<input type="radio"/> July			
<input type="radio"/> August			
<input type="radio"/> September			
<input type="radio"/> October			
<input type="radio"/> November			
<input type="radio"/> December			

PLEASE DO NOT WRITE IN THIS AREA.












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SERIAL #

Marking Directions: Mark only **one** oval for each question. Fill in response completely. Erase errors cleanly without smudging.

Correct mark:   

Do NOT use these incorrect or bad marks.

Incorrect marks:   
 Overlapping mark:  
 Cross-out mark:  
 Smudged erasure:  
 Mark is too light:  

BOOKLET NUMBER

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

FORM

F	0	0
G	1	1
H	2	2
J	3	3
K	4	4
L	5	5
M	6	6
N	7	7
P	8	8
Z	9	9

Print your 3-character **Test Form** in the boxes at the right and fill in the corresponding ovals.

TEST 1: ENGLISH

1 (A) (B) (C) (D)	11 (A) (B) (C) (D)	21 (A) (B) (C) (D)	31 (A) (B) (C) (D)	41 (A) (B) (C) (D)
2 (F) (G) (H) (J)	12 (F) (G) (H) (J)	22 (F) (G) (H) (J)	32 (F) (G) (H) (J)	42 (F) (G) (H) (J)
3 (A) (B) (C) (D)	13 (A) (B) (C) (D)	23 (A) (B) (C) (D)	33 (A) (B) (C) (D)	43 (A) (B) (C) (D)
4 (F) (G) (H) (J)	14 (F) (G) (H) (J)	24 (F) (G) (H) (J)	34 (F) (G) (H) (J)	44 (F) (G) (H) (J)
5 (A) (B) (C) (D)	15 (A) (B) (C) (D)	25 (A) (B) (C) (D)	35 (A) (B) (C) (D)	45 (A) (B) (C) (D)
6 (F) (G) (H) (J)	16 (F) (G) (H) (J)	26 (F) (G) (H) (J)	36 (F) (G) (H) (J)	46 (F) (G) (H) (J)
7 (A) (B) (C) (D)	17 (A) (B) (C) (D)	27 (A) (B) (C) (D)	37 (A) (B) (C) (D)	47 (A) (B) (C) (D)
8 (F) (G) (H) (J)	18 (F) (G) (H) (J)	28 (F) (G) (H) (J)	38 (F) (G) (H) (J)	48 (F) (G) (H) (J)
9 (A) (B) (C) (D)	19 (A) (B) (C) (D)	29 (A) (B) (C) (D)	39 (A) (B) (C) (D)	49 (A) (B) (C) (D)
10 (F) (G) (H) (J)	20 (F) (G) (H) (J)	30 (F) (G) (H) (J)	40 (F) (G) (H) (J)	50 (F) (G) (H) (J)

TEST 2: MATHEMATICS

1 (A) (B) (C) (D)	11 (A) (B) (C) (D)	21 (A) (B) (C) (D)	31 (A) (B) (C) (D)	41 (A) (B) (C) (D)
2 (F) (G) (H) (J)	12 (F) (G) (H) (J)	22 (F) (G) (H) (J)	32 (F) (G) (H) (J)	42 (F) (G) (H) (J)
3 (A) (B) (C) (D)	13 (A) (B) (C) (D)	23 (A) (B) (C) (D)	33 (A) (B) (C) (D)	43 (A) (B) (C) (D)
4 (F) (G) (H) (J)	14 (F) (G) (H) (J)	24 (F) (G) (H) (J)	34 (F) (G) (H) (J)	44 (F) (G) (H) (J)
5 (A) (B) (C) (D)	15 (A) (B) (C) (D)	25 (A) (B) (C) (D)	35 (A) (B) (C) (D)	45 (A) (B) (C) (D)
6 (F) (G) (H) (J)	16 (F) (G) (H) (J)	26 (F) (G) (H) (J)	36 (F) (G) (H) (J)	
7 (A) (B) (C) (D)	17 (A) (B) (C) (D)	27 (A) (B) (C) (D)	37 (A) (B) (C) (D)	
8 (F) (G) (H) (J)	18 (F) (G) (H) (J)	28 (F) (G) (H) (J)	38 (F) (G) (H) (J)	
9 (A) (B) (C) (D)	19 (A) (B) (C) (D)	29 (A) (B) (C) (D)	39 (A) (B) (C) (D)	
10 (F) (G) (H) (J)	20 (F) (G) (H) (J)	30 (F) (G) (H) (J)	40 (F) (G) (H) (J)	

TEST 3: READING

1 (A) (B) (C) (D)	9 (A) (B) (C) (D)	17 (A) (B) (C) (D)	25 (A) (B) (C) (D)	33 (A) (B) (C) (D)
2 (F) (G) (H) (J)	10 (F) (G) (H) (J)	18 (F) (G) (H) (J)	26 (F) (G) (H) (J)	34 (F) (G) (H) (J)
3 (A) (B) (C) (D)	11 (A) (B) (C) (D)	19 (A) (B) (C) (D)	27 (A) (B) (C) (D)	35 (A) (B) (C) (D)
4 (F) (G) (H) (J)	12 (F) (G) (H) (J)	20 (F) (G) (H) (J)	28 (F) (G) (H) (J)	36 (F) (G) (H) (J)
5 (A) (B) (C) (D)	13 (A) (B) (C) (D)	21 (A) (B) (C) (D)	29 (A) (B) (C) (D)	
6 (F) (G) (H) (J)	14 (F) (G) (H) (J)	22 (F) (G) (H) (J)	30 (F) (G) (H) (J)	
7 (A) (B) (C) (D)	15 (A) (B) (C) (D)	23 (A) (B) (C) (D)	31 (A) (B) (C) (D)	
8 (F) (G) (H) (J)	16 (F) (G) (H) (J)	24 (F) (G) (H) (J)	32 (F) (G) (H) (J)	

TEST 4: SCIENCE

1 (A) (B) (C) (D)	9 (A) (B) (C) (D)	17 (A) (B) (C) (D)	25 (A) (B) (C) (D)	33 (A) (B) (C) (D)
2 (F) (G) (H) (J)	10 (F) (G) (H) (J)	18 (F) (G) (H) (J)	26 (F) (G) (H) (J)	34 (F) (G) (H) (J)
3 (A) (B) (C) (D)	11 (A) (B) (C) (D)	19 (A) (B) (C) (D)	27 (A) (B) (C) (D)	35 (A) (B) (C) (D)
4 (F) (G) (H) (J)	12 (F) (G) (H) (J)	20 (F) (G) (H) (J)	28 (F) (G) (H) (J)	36 (F) (G) (H) (J)
5 (A) (B) (C) (D)	13 (A) (B) (C) (D)	21 (A) (B) (C) (D)	29 (A) (B) (C) (D)	37 (A) (B) (C) (D)
6 (F) (G) (H) (J)	14 (F) (G) (H) (J)	22 (F) (G) (H) (J)	30 (F) (G) (H) (J)	38 (F) (G) (H) (J)
7 (A) (B) (C) (D)	15 (A) (B) (C) (D)	23 (A) (B) (C) (D)	31 (A) (B) (C) (D)	39 (A) (B) (C) (D)
8 (F) (G) (H) (J)	16 (F) (G) (H) (J)	24 (F) (G) (H) (J)	32 (F) (G) (H) (J)	40 (F) (G) (H) (J)

ACT STUDENT REVIEW: The test administrator will give you instructions for completing this section.

Student Review: Your responses to these items will assist ACT and your test center in providing the best possible conditions for testing and planning for the future. Fill in the oval indicating your response to each item printed on the back of your test booklet.

Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 <input type="radio"/>	<input type="radio"/>	4 <input type="radio"/>	<input type="radio"/>	7 <input type="radio"/>	<input type="radio"/>	10 <input type="radio"/>	<input type="radio"/>	13 <input type="radio"/>	<input type="radio"/>
2 <input type="radio"/>	<input type="radio"/>	5 <input type="radio"/>	<input type="radio"/>	8 <input type="radio"/>	<input type="radio"/>	11 <input type="radio"/>	<input type="radio"/>	14 <input type="radio"/>	<input type="radio"/>
3 <input type="radio"/>	<input type="radio"/>	6 <input type="radio"/>	<input type="radio"/>	9 <input type="radio"/>	<input type="radio"/>	12 <input type="radio"/>	<input type="radio"/>	15 <input type="radio"/>	<input type="radio"/>

Use a No. 2 pencil only. Do NOT use a mechanical pencil, ink, ballpoint, or felt-tip pen.

WRITING TEST BOOKLET NUMBER

Print your 9-digit
Booklet Number
in the boxes at
the right.

--	--	--	--	--	--	--	--	--

WRITING TEST FORM

Print your 3-character **Test Form** in the boxes at the right and fill in the corresponding ovals.

0	A	A
1	B	B
2	C	C
3	D	D
4	E	E
5	F	F
6	G	G
7	H	H
8	J	J
9	Z	Z

Begin WRITING TEST here.

This image shows a single sheet of white paper with horizontal red ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

If you need more space, please continue on the next page.

1

Do not write in this shaded area.

2

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[illegible]

3

SERIAL #

[illegible]

4

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Iowa City, IA 52243-0168

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SERIAL #