



Order Form for ACT® Alternate Format Practice Tests

Use this form to place an order for free alternate formats of the ACT practice test.

Instructions

1. Order the practice test format(s) that your students/you will require for the ACT administration by indicating the quantity of each item in the first column.
2. Email the completed form to customerservices@act.org.

Please consider quantities carefully. You may reuse these materials.

Quantity	Item	Description	Identifier
	Pre-recorded Audio (USB)	Includes a cover letter, regular-print test booklet, and USB Usage Guidelines.	01116619KT
	Braille (with Raised Line Drawings—EBAE)	Includes a regular-print test booklet.	01117719PT
	Braille (with Raised Line Drawings—UEB with Nemeth)	Includes a regular-print test booklet.	01117A19PT
	Braille (with Raised Line Drawings—UEB without Nemeth)	Includes a regular-print test booklet.	01117C19PT
	Braille Writing Booklet (EBAE)	For braille users taking the ACT with writing.	01117719W
	Braille Writing Booklet (UEB)	For braille users taking the ACT with writing.	01119919W
	Raised Line Drawings (EBAE)	For use only by students requiring oral presentation. If you choose braille, do not order this item.	01117319PT
	Raised Line Drawings (UEB with Nemeth)	For use only by students requiring oral presentation. If you choose braille, do not order this item.	01117K19PT
	Raised Line Drawings (UEB without Nemeth)	For use only by students requiring oral presentation. If you choose braille, do not order this item.	01117F19PT
	Large Type Multiple-Choice Booklet	Includes a large-print (18-pt.) answer document.	01117519KT
	Large Type Writing Booklet	Large-print (18-pt.) writing booklet	01195819W

A copy of *Preparing for the ACT® Test Special Testing* will be included with each set of items ordered. This publication provides the scoring keys and a writing test, which may be read verbatim to students.

Ship to: (Type or print; all fields required unless stated otherwise.)

Name and Title (if applicable)

Institution Name (If applicable; if not, check box below.)

I am ordering as an individual (e.g., as a parent), not for a school.

Address (Do not use PO Box number.)

City State ZIP

Telephone (Include area code and extension.)

ACT Customer Number (if known)

High School Code OR College Code (if applicable)

For questions related to tracking an order, please email ACT Customer Services at customerservices@act.org.

For all other inquiries regarding testing students with disabilities, please contact ACT Test Accommodations at 319.337.1332.