

Grade 11 ACT Parental Consent to Release Student Information Form

Parent/Legal Guardian



If you do want your child/ward to participate in the state and district administration of the Grade 11 ACT, at no cost to you, this form must be completed & returned to your resident school district.

If you do not want your child/ward to receive a college-reportable ACT score through the state and district administration no further action is necessary, and you may discard this form.

Name: _____

Student Name: _____ **Student DOB:** ____/____/____
MM DD YYYY

Address: _____ **Phone:** _____

Street and/or Route Number _____ Day Phone _____

City, State ZIP _____ Night Phone _____

Pursuant to Ark. Code Ann. § 6-18-109 *et seq.* (“The Student Online Personal Information Protection Act of 2015”), online services are restricted in the use of public school students’ personal identifiable information. The Arkansas Department of Education takes seriously its responsibility to protect the personal information of Arkansas students. In order to maintain the highest level of protection of personal information, it is the policy of the Department that your child’s/ward’s personal information shall not be disseminated to the ACT’s Educational Opportunity Service (www.actstudent.org/college/eos.html)—which students opt into during test registration and which is free of charge—if you, acting as parent/guardian, revoke consent on behalf of the child/ward.

PLEASE READ THE FOLLOWING CAREFULLY:

BY SIGNING BELOW, I AGREE WITH THE ACT EOS TERMS LISTED ABOVE AND I ALSO GRANT PERMISSION FOR MY CHILD'S/WARD'S GRADE 11 ACT SCORE TO BE SHARED WITH ANY INSTITUTION DESIGNATED.

Signature: _____ **Date:** _____