

ACT Accommodations Student Information Form

Please complete and return to Dawn Schulte, UDJ Learning Specialist
dawn.schulte@uofdjesuit.org

Student's Name _____ Grade _____

ACT Testing Date: _____ ACT ID #: _____

Date of Birth	
Home Address	
Parent/Guardian Name(s)	
Parent/Guardian Phone #	
Parent/Guardian Email	
High School Graduation Date	

Please give a brief description of the learning difference experienced by your son as you understand it and the accommodation(s) you are seeking:
