

**AUTHORIZATION
TO RELEASE PERSONAL INFORMATION**

I, _____,
(your full name)

hereby consent to the release of any and all records in the possession of ACT, Inc. ("ACT") which are in any way related to me, for the purpose of my nomination for the Student Readiness Award provided through the ACT College and Career Readiness Campaign. The records relevant to the nomination may include:

name, address, date of birth, gender, race/ethnicity, expected education level, ACT Explore scores, ACT Plan scores, scores on the ACT college readiness assessment, core high school course grades, high school GPA, extracurricular activities, and out-of-class accomplishments.

ACT is authorized to release and make full disclosure of such records, and to discuss any information relating to those records, to members of the ACT State Council of the state in which you reside, for which individual membership information is available at <http://www.act.org/stateorgs/index.html>.

This authorization is effective immediately and will remain in effect until revoked in writing.

I hereby release and hold harmless ACT and its agents from any and all claims and actions based upon, arising out of, or relating in any way to any disclosure of records or information pursuant to this AUTHORIZATION TO RELEASE PERSONAL INFORMATION.

A copy of this document shall serve as the original.

Signature: _____ Date: _____ Date of Birth: _____

If the above-named individual is under the age of 18, the parent or legal guardian of the individual must also sign below indicating consent and agreement to this AUTHORIZATION TO RELEASE PERSONAL INFORMATION.

Signature of Parent
or Legal Guardian: _____ Date: _____

Print Name: _____

Please complete and send to:

CCRC@act.org (preferred)

OR

Heidi Vekemans
ACT State Organizations Program Manager
500 ACT Dr.
Iowa City, IA 52243