

ACT/SAT High School File Change

By completing the **ACT/SAT High School File Change** form, you will help us keep our high school file up-to-date and insure correct and efficient delivery of ACT and SAT scores to your school. The information you furnish to ACT will also be sent to SAT.

Please type or print all requested information.

To identify your school, enter its high school code number in the "High School Code" box at the top of the page. Then, fill in the current information on file for your school (some of which may be incorrect) in the space indicated.

If your school has closed, check the box next to "IF SCHOOL IS NO LONGER IN OPERATION," complete the signature block, and send the form to ACT.

To submit corrections, provide the items to be corrected in the box under "School corrections to be made below," complete the signature block, and send the form to ACT. You may send the form via facsimile or scan your completed form and attach it to an email.

**ACT INFORMATION MANAGEMENT-49
PO BOX 168
IOWA CITY IA 52243-0168**

**Phone: 319.341.2365
FAX: 319.337.1735
Email: ACTHighSchoolCodes@act.org**

Thank you for your assistance.



High School Code: _____

ACT/SAT High School File CHANGE

(To be completed and signed by school principal)

IF SCHOOL IS NO LONGER IN OPERATION, or no longer offering high school coursework, please check here and complete signature block at bottom of page.

SCHOOL'S DATA AS IT CURRENTLY APPEARS ON FILE:

School Name: _____
Address line 1: _____
Address line 2: _____
City, State Zip: _____

If NO CORRECTIONS are necessary to the information in the box above, please check box at right and complete the signature block at bottom of page.

School corrections to be made below: (Please TYPE or PRINT responses)

School Name: _____
Physical Address: _____
Registration materials will be sent to this address.
1st Class Address: _____
(if different from physical address, e.g., PO Box.) SCORES WILL BE SENT 1ST CLASS.

(City) (State) (ZIP+4)
County: _____ School District: _____

Name and title of Principal or Administrator: _____
Principal's Phone: () _____ FAX: () _____
E-mail Address: _____
Principal/Administrator signature: _____ Date: _____