

Student ID Number _____

Authorization for ACT Scores on Transcript

By signing this card, permission is granted to Township High School District 211 to include ACT test results from the April PSAT administration on the transcript of the student listed below.

ACT

Student Signature Date

Print Student Name _____

Parent/Guardian Signature Date
(Required for students under the age of 18)

**Please return this card to the
Student Services Department at your
school by June 6.**