



## Illinois ACT Online Prep School Version Order Form

The Illinois State Board of Education has entered into an agreement with ACT to provide ACT Online Prep to public high schools in Illinois through May 31, 2014, at no cost to the school or district.

Please provide information below for each site for which ACT Online Prep will be licensed. For multiple site orders, ACT can also email you a pdf version of this form to complete electronically and return by email or FAX. Once ACT has received the order form and it is processed, the designated contact person listed on the order form will receive an email on how to set up ACT Online Prep. Please contact ACT Customer Services at (800) 498 – 6065 with questions.

*\* Please do not complete this form if a school currently has an ACT Online Prep license. Your site licenses will be renewed automatically by ACT and will be valid through May 31, 2014. ACT will not issue an invoice for this renewal.*

NUMBER OF SITE LICENSSES BEING REQUESTED: \_\_\_\_\_

### DISTRICT INFORMATION:

_____	_____
District Name	Contact Name
_____	_____
Address 1	Phone Number
_____	_____
Address 2	Email Address
_____	_____
City	State/Province
_____	_____
Zip/Postal Code	

### SITE #1 OF \_\_\_\_\_ SITE LICENSES

_____	_____
District Name	Contact Name
_____	_____
Address 1	Phone Number
_____	_____
City	State/Province
_____	_____
Zip/Postal Code	

**ACT Customer Services**  
**P.O. Box 1008**  
**Iowa City, IA 52243**  
**Phone: (800) 498 – 6065, (319) 337 – 1429**  
**Fax: (800) 498 – 6479**



**You may copy this page to provide additional information about additional sites**

**SITE #2 OF \_\_\_\_ SITE LICENSES**

_____ District Name	_____ Contact Name
_____ Address 1	_____ Phone Number
_____ City	_____ State/Province
_____ Email Address	
_____ Zip/Postal Code	

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**SITE #3 OF \_\_\_\_ SITE LICENSES**

_____ District Name	_____ Contact Name
_____ Address 1	_____ Phone Number
_____ City	_____ State/Province
_____ Email Address	
_____ Zip/Postal Code	

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**SITE #4 OF \_\_\_\_ SITE LICENSES**

_____ District Name	_____ Contact Name
_____ Address 1	_____ Phone Number
_____ City	_____ State/Province
_____ Email Address	
_____ Zip/Postal Code	

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