

Appendix A – _____ High School Name

List the name of the secondary school and provide the ACT School Code and NCES School ID if available. Designate one Authorized Official. List additional counselors or other school officials who may be granted access as Authorized Users. **Indicates required field*

School Name*	
ACT School Code*	
NCES School ID	
Authorized Official*	
Authorized User 1	
Authorized User 2	
Authorized User 3	
Authorized User 4	
Authorized User 5	
Authorized User 6	

Headmaster Signature: _____ Date: _____