

## Educational Opportunity Service Refusal Form

Parent/Legal Guardian



If you do not want your child/ward to take a college reportable ACT, you have the right to complete this form & return it to the Superintendent's Office of your resident school district.

If you want your child's/ward's ACT to be reportable, at no charge to you, no further action is necessary, and you may discard this form.

**Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Student DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Street and/or Route Number \_\_\_\_\_ Day Phone \_\_\_\_\_

City, State ZIP \_\_\_\_\_ Night Phone \_\_\_\_\_

Pursuant to Ark. Code Ann. § 6-18-109 *et seq.* ("The Student Online Personal Information Protection Act of 2015"), online services are restricted in the use of public school students' personal identifiable information. The Arkansas Department of Education takes seriously its responsibility to protect the personal information of Arkansas students. In order to maintain the highest level of protection of personal information, it is the policy of the Department that your child's/ward's personal information shall not be disseminated to the ACT's Educational Opportunity Service ([www.actstudent.org/college/eos.html](http://www.actstudent.org/college/eos.html))—which students opt into during test registration and which is free of charge—if you, acting as parent/guardian, revoke consent on behalf of the child/ward.

**PLEASE READ THE FOLLOWING CAREFULLY:**

**BY SIGNING BELOW, YOU ARE EXPRESSING REFUSAL OF THIS FREE OPPORTUNITY FOR YOUR CHILD/WARD TO TAKE A COLLEGE REPORTABLE ACT EXAM.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_