 

**Havana High School**

PERMISSION SLIP TO NOT REPORT ACT SCORES ON ACADEMIC TRANSCIPTS

**Student’s Name:** Click here to enter text.

Please **DO NOT** include the **ACT** scores from

**Month:** Choose an item. **Year:** Choose an item. **All:** Choose an item. of the ACT Test on my Havana High School Transcripts.

**Student’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** Click here to enter a date.

**Parent’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(if under 18)**

**Date:** Click here to enter a date.

*\*If this form is not completed and submitted to the Guidance Office within one month after score reports are sent to the high school, ACT scores will be placed on the transcript.*