

ACTR REGISTRATION

Last Name

First Name

M.I.

UTC ID No. _____

Date of Birth: _____/_____/_____
 month day year

Street Address: _____

City/State/Zip: _____

Daytime or Evening Phone: _____

***If you have taken the ACTR within the last 60 days, you are not eligible to test.**

Mail To: University of Tennessee
 Attn: Suzanne Jabaley
 615 McCallie Ave., 205 Hooper Hall
 Department 4705
 Chattanooga, TN 37403

*Did you remember to enclose your check (payable to UTC)?