

Services for Students with Disabilities

Consent Form for Accommodations Request

Student Information

Student Name:_____

School:

Student Date of Birth: ______

Student and Parent/Guardian Signature

I wish to apply for testing accommodation(s) on College Board tests (SAT, SAT Subject Tests, PSAT 10, PSAT/NMSQT, and/or Advanced Placement Exams) due to disability. I authorize my school: to release to the College Board copies of my records that document the existence of my disability and need for testing accommodations; to release any other information in the school's custody that the College Board requests for the purpose of determining my eligibility for testing accommodations on College Board tests; and to discuss my disability and accommodation needs with the College Board. I also grant the College Board permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals.

Student Signature:	Date:	
Parent/Guardian Signature:	Date:	
(Parent/guardian signature is required if Student Is under 18.)		

Instructions to the School

This form should be used when a request for acc6mmodation(s) is submitted electronically (via SSD Online). The form should be maintained by the school with the student's records. It does not need to be sent to the College Board. You will be asked to verify that a signed Consent Form is on file at the school prior to submitting a request for accommodations.