

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 Advanced Placement Exams) due to disability. I authorize my so copies of my records that document the existence of my disability accommodations; to release any other information in the school requests for the purpose of determining my eligibility for testing tests; and to discuss my disability and accommodation needs we College Board permission to receive and review my records, an school personnel and other professionals. I agree to the condition the SAT, AP, and PSAT/NMSQT Programs relating to accommodation needs we consider the satisfactory.	chool: to release to the College Board lity and need for testing ol's custody that the College Board ng accommodations on College Board with the College Board. I also grant the d to discuss my disability and needs with ions set forth in the student bulletins for
Student Signature:	Date:
Parent/Guardian Signature:	Date:
(Parent/guardian signature is required if Student is under 18.)	

Instructions to the School

This form must be used when a request for accommodation(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.