

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, PSA Advanced Placement Exams) due to disability. I authorize my school: to releast copies of my records that document the existence of my disability and need for accommodations; to release any other information in the school's custody that requests for the purpose of determining my eligibility for testing accommodatests; and to discuss my disability and accommodation needs with the College College Board permission to receive and review my records, and to discuss my school personnel and other professionals. I agree to the conditions set forth in the SAT, AP, and PSAT/NMSQT Programs relating to accommodations for disa	e to the College Board or testing at the College Board tions on College Board Board. I also grant the y disability and needs with a 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.