

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 Bo Advanced Placement Exams) due to disability. I authorize recopies of my records that document the existence of my disaccommodations; to release any other information in the strequests for the purpose of determining my eligibility for the tests; and to discuss my disability and accommodation need College Board permission to receive and review my recordischool personnel and other professionals. I agree to the cothe SAT, AP, and PSAT/NMSQT Programs relating to accompany the contract of the same professionals. | ny school: to release to the College Board sability and need for testing school's custody that the College Board esting accommodations on College Board ds with the College Board. I also grant the stand to discuss my disability and needs with the set forth in the student bulletins for |
| Student Signature: | Date: |
| Parent/Guardian Signature: | Date: |
| Parent/guardian signature is required if Student is under 1 | |

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.