

**SERVICES FOR STUDENTS WITH DISABILITIES**

# Consent Form for Accommodations Request

## Student Information

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

*I wish to apply for testing accommodation(s) on College Board tests (SAT®, PSAT™ 10, PSAT/NMSQT®, and/or Advanced Placement® Exams) due to disability. I authorize my school: to release to 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 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 College Board. I also grant 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.)

## School Instructions

This form should 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 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.