

Services for Students with Disabilities

Consent Form for Accommodations Request

(Parent/Guardian signature is required if student is under 18 years of age.)

Student Name: School: Student's Date of Birth: The accommodation(s) I am applying for are (these should be accommodations you already have been granted on an IEP, 504 plan or declassification document):			
		Date of next intended College Board Exa PLEASE NOTE: All requests for accommodations need to weeks prior to the College Board request deadline.	am: b be submitted to JJHS for processing a minimum of two
		Advanced Placement Exams) due to disability. Board copies of my records that document the accommodations; to release any other informat requests for the purpose of determining my e Board tests; and to discuss my disability and a also grant the College Board permission to red disability and needs with school personnel and	n College Board tests (SAT, PSAT/NMSQT, and/or I authorize my school: to release to the College e existence of my disability and need for testing tion in the school's custody that the College Board eligibility for testing accommodations on College accommodation needs with the College Board. Serive and review my records, and to discuss my other professionals. I agree to the conditions set AP, and PSAT/NMSQT Programs relating to
		Student Signature:	Date:
		Parent/Guardian Signature:	Date: