

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 te PSAT/NMSQT, and/or Advanced Placement Exams) due to disabil to the College Board copies of my records that document the exist testing accommodations; to release any other information in the requests for the purpose of determining my eligibility for testing tests; and to discuss my disability and accommodation needs with College Board permission to receive and review my records, and to school personnel and other professionals. | lity. I authorize my school: to release stence of my disability and need for school's custody that the College Board accommodations on College Board the College Board I also grant the |
| | |
| Student Signature: | |
| Parent/Guardian Signature: | Date |
| (Parent/guardian signature is required if Student is under 18.) | |
| | |

Instructions to the School

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 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.