



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, PSAT/NMSQT, and/or Advanced Placement Exams) due to disability. I authorize my school: to release to the 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 the 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 the College Board. I also grant the College Board permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals. I agree to the conditions set forth in the student bulletins for the SAT, AP, and PSAT/NMSQT Programs relating to accommodations for disabilities.

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.

Please provide this additional information so that your application can be processed in a timely manner.

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number \_\_\_\_\_ Email address (optional) \_\_\_\_\_

Expected high school graduation date \_\_\_\_\_

Next intended College Board test: Circle one:

PSAT                      SAT                      AP                      SAT Subject test

What is the disability? \_\_\_\_\_

What accommodations are requested?  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have a formal school plan? Circle one:

504 plan                      ICAP                      IEP                      No current plan

What is the date the first plan or program was approved for the student?

Include month and year. \_\_\_\_\_

Is there documentation on file at LHS to support the request for accommodations? If so, who would have it?

Guidance counselor \_\_\_\_\_ (please name)

Resource Teacher \_\_\_\_\_ (please name)

Dean, Speech/Language Teacher, etc. \_\_\_\_\_ (please name)

If documentation is not on file at LHS, please provide it with this form.