## PSAT/SAT / Advanced Placement Testing



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 Colle PSAT/NMSQT, and/or Advanced Placement Exams) of to the College Board copies of my records that docur testing accommodations; to release any other inform requests for the purpose of determining my eligibilit tests; and to discuss my disability and accommodation College Board permission to receive and review my re school personnel and other professionals.	due to disability. I authorize my school: to release ment the existence of my disability and need for nation in the school's custody that the College Board by for testing accommodations on College Board on needs with the College Board. I also grant the
Student Signature:	Date:
Parent/Guardian Signature:	
(Parent/guardian signature is required if Student is u	
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## 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.