CollegeBoard

SERVICES FOR STUDENTS WITH DISABILITIES

Consent Form for Accommodations Request

By completing this form, you consent for College Board to process certain information to inform decisions about accommodations provided to students on any College Board tests that you choose to take, including SAT®, PSAT-related assessments, AP®, and CLEP® as further detailed below.

Student Information:

Student Name: _____

Student Email: _____

School: _____ Student Date of Birth: _____

Student and Parent/Guardian Signature:

I seek to apply for testing accommodation(s) on College Board test(s) that I may choose to take now or in the future, including SAT, PSAT-related assessments, AP, and CLEP, 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 (including the school I attend and school at which the College Board test[s] may be administered to me) and other professionals.

I understand and agree that any information and documentation my school may submit to support my request for accommodations will be used by College Board to inform decisions about accommodations provided to me on any College Board test(s) I choose to take, including SAT, PSAT-related assessments, AP, and CLEP. I understand that my consent is necessary for College Board to collect, use, store, and analyze my mental or physical health condition or diagnosis, including disability- or accommodations-related information, in order to make decisions about which accommodations may be approved by College Board and to administer College Board test(s) to me with approved accommodations.

I understand that I have the right to withdraw the above consent at any time by completing the Withdrawal of Consent Form available at **accommodations.collegeboard.org/request-accommodations/request/forms**, and mailing or faxing it to College Board at the address or facsimile number provided on the form.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Parent/guardian signature is required if student is under 18.)

Parent/Guardian Email: _____

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.

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