

Student's Name: \_\_\_\_\_

## The College Board Services for Students with Disabilities Consent Form for Request for Accommodations

I wish to apply for testing accommodation(s) on College Board tests (SAT, PSAT/NMSQT, and/or Advanced Placement Tests) 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<sup>®</sup>, and PSAT/NMSQT Program relating to accommodations for disabilities.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian signature is required if Student is under 18)

## The Consent to Release Information to ACT

### Examinee/Parent Signature

I verify that the information provided in the accommodations request in the Test Accessibility and Accommodations System (TAA) is accurate to the best of my knowledge. I authorize the release to ACT of information related to this request by school officials, physicians, or others having such information, if requested. I understand that any documentation provided to ACT will remain with the request and will not become part of the examinee's permanent score record. If this request cannot be approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or examinee signature if over age 18)

## Demographic and Student Eligibility Information for SAT and ACT testing

Please be sure to print clearly so all information is accurately entered for your request!

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Sex: Male Female

Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Next intended test: (Circle Test) SAT PSAT AP ACT Don't Know

Date of test: \_\_\_\_\_

**Please return form to Ms. O'Connell**