



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, SAT Subject Tests, PSAT 10, 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.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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

Intended Test(s) & Date(s):

PSAT on _____

SAT on _____

AP Exam(s) in May 20_____

Return Instructions

Return to the CFHS Counseling Office or email to the CFHS Testing Services Coordinators at fhtestservices@cfsd16.org.

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.