

Consent Form for Testing Accommodations Requests

Student Name: _____ Date of Birth: _____

High School: _____ Grade: _____



Services for Students with Disabilities

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/Student Consent

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

Parent/Legal Guardian or Student (if over the age of 18) signature

Date