

CONSENT TO APPLY FOR COLLEGE BOARD TESTING ACCOMMODATIONS 21-22

To allow District 113 to apply for College Board testing accommodations on behalf of your student, please print this form and provide the information and signatures requested below.

Return the completed form by email to jrubin@dist113.org. Mr. Rubin will access the student's 504 Plan or IEP through the District's record system and will contact you if additional documentation is required. Please note that it can take 8 weeks or more for College Board to render a decision.

THIS CONSENT IS NOT FOR ACT EXAMS. ACT IS A SEPARATE ORGANIZATION FROM COLLEGE BOARD

PLEASE PROVIDE THE INFORMATION REQUESTED BELOW	
Student Name:	Student Birth Date:
School:	Graduation Year:
Student and Parent/Guardian Signature: I wish to apply for testing accommodation(s) on College Board tests (SAT, PSAT10, 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. I agree to the conditions set forth in the student bulletins for the SAT, AP, and PSAT/NMSQT and PSAT Programs relating to accommodations for disabilities.	
Student Signature:	Date:
Parent/Guardian Signature:	Date:
<small>(Parent/Guardian signature is required if Student is under 18)</small>	
Email for communication from College Board: _____	
Phone for communication from College Board: _____	
Home Address: _____ City: _____	
Disability(ies) as listed on the IEP or 504 Plan: _____	
When was the first IEP or 504 put into place? Provide best estimate if unsure: Month: _____ Year: _____	
Please circle the next College Board exam you plan to take: AP SAT PSAT/NMSQT PSAT10 PSAT 8/9	
Please list the testing accommodations the student is eligible to receive based on the student's 504 or IEP, and want to have approved for College Board exams:	
1. _____ 2. _____	
3. _____ 4. _____	
When this form is complete, please email it to:	
Jeff Rubin, District Testing Accommodations & Homebound Coordinator: jrubin@dist113.org .	
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