

**Request**

Please complete this form, and sign on reverse. Submit the document to Counseling Center.

School Counselor \_\_\_\_\_ Grade \_\_\_\_\_

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

\*Middle Initial \_\_\_\_\_ \*optional

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

\*Email address: \_\_\_\_\_ \*optional

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Expected High School Graduation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Gender: Male Female

Current School Bethlehem Central High School (331595)

Transfer Student?  Yes  No

Mailing Address:  USA, including its territories & Puerto Rico  
 Outside of USA

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip / Post Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

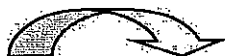
Next Intended CollegeBoard Test: *(Please select)*

- PSAT \_\_\_\_\_
- SAT I \_\_\_\_\_
- SAT II \_\_\_\_\_
- \_\_\_\_\_

UNKNOWN Test Date: \_\_\_\_\_ /

\_\_\_\_\_ month year

(Complete reverse side)



## 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, 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 Programs relating to accommodations for disabilities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Instructions to the School

This form must 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.

