Date:

**College Board Accommodations Request - Student Information**

**First Name: Middle Initial:**

**Last Name: DOB:**

**Email:**

**Gender: (circle one) Male Female Another**

**Expected Graduation Date: Grade:**

**Local ID Number: 52**

**Mailing Address:**

**Home Phone: ( ) -**

**Cell Phone: ( ) -**

**Next Intended College Board Test -***\*Must be 3 months in advance to receive accommodations*

**Month: Day:**

*\*Please provide any additional medical documentation, such as Cognitive Ability tests, Psychiatric evaluations, Neurological evaluations, etc. that the school may not have record of and pertain to the diagnosis of your child.*

*\*If you would like to request additional accommodations that are not stated on your child’s 504/IEP, please email your school counselor with the requested accommodations as well as the reasoning why your child needs these additional accommodations.*