



## Consent to Release Information to ACT

Print the examinee's first and last name.

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Examinee First Name

Examinee Last Name

### Examinee/Parent Signature

*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.*

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Parent or legal guardian signature, or student signature if over age 18

Date

### Telephone Consent

*I verify that I have spoken to the examinee's parent or legal guardian by telephone, and obtained his or her permission to release information to ACT specifically as described above.*

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School official's signature

Date



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.)

### 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.