



## SSD Coordinator Form

This form will establish you as the SSD Coordinator for your school and allow you to obtain access to SSD Online. If you do not already have a professional login account with the College Board, you will need to create one at <https://account.collegeboard.org/login/login>. If you are the SSD Coordinator for more than one school, you will need to submit a separate form for each school you work with, but you should create only one professional login account. By your signature below, you also agree to the Legal Terms for Educators and Institutions located at <https://privacy.collegeboard.org/educator-legal-terms?navId=gf-edterms>

Each school's primary SSD Coordinator will also be considered the school's Testing Coordinator for in-school College Board testing. If a school administers in-school tests, the primary SSD Coordinator will be responsible for receiving secure tests, as well as generating testing rosters and Nonstandard Administration Reports for school-based testing.

Complete, sign, and fax this form to the College Board's Services for Students with Disabilities at 866-360-0114. Do not attach a cover sheet to this form when faxing. All fields are required.

### School Information

If your school doesn't have a code, enter "N/A" in the school code field and you will be sent a form to request one. If you don't know your school's code, look it up at <http://sat.collegeboard.org/register/sat-code-search>.

School Code: \_\_\_\_\_ School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Coordinator Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: Male ~ Female ~ Another

Work Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Forms without valid, school-issued email addresses cannot be processed; please ensure your email is correct before submitting.

Are you the primary SSD Coordinator for your school? Yes No

If not, provide the name of your school's primary SSD Coordinator: \_\_\_\_\_

### Signatures

I confirm that I am my school's authorized Services for Students with Disabilities Coordinator, or authorized to serve in this capacity, and assume the responsibilities that include: advising staff and students of proper procedures in applying for testing accommodations; submit accommodation requests on behalf of students; and maintain documentation related to students' accommodations and disabilities. If I serve as the SSD Testing Coordinator, I also assume responsibility for providing secure testing conditions and timely return of materials.

SSD Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: Please be aware that by signing this form, you are permitting this individual to request accommodations for College Board tests, and to access students' personal disability information.

School Principal or Assistant Principal Name: \_\_\_\_\_

School Principal or Assistant Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Principal or Assistant Principal Email: \_\_\_\_\_