

Withdrawal of Consent Form

Use this form if you previously consented to College Board's collection, use, storage, and analysis of your mental or physical health condition or diagnosis in order to make decisions about which accommodations or temporary testing supports may be approved by College Board and to administer College Board test(s) to you with approved accommodations or temporary testing supports, but **no longer want College Board to have access to that information**.

Please note:

- College Board needs certain information to approve testing accommodations or temporary testing supports. Withdrawing access to that information **before accommodations or temporary testing supports are approved** may affect our ability to offer the accommodations or temporary testing supports for you.
- In addition, you have the right to request College Board to delete your personally identifiable information, with further information including how to submit a request for deletion available in College Board's Privacy Statement at <https://privacy.collegeboard.org/privacy-statement/info-access-data-retention>.

To withdraw your previously documented consent, read the following statements, select which steps you are requesting of College Board (*you may select any or all of the following at your discretion*), then complete and sign below.

- ☐ I hereby withdraw my prior authorization for my mental or physical health condition or diagnosis, including disability-related, temporary testing support-related, or accommodations-related information, to be used, stored, or analyzed by College Board, which I may have provided to College Board or authorized others to provide to College Board on my behalf.
- ☐ I hereby withdraw my prior authorization for my school to release disability-related, temporary testing support-related, or accommodations-related information to College Board. Effective immediately, the school may not disclose such information to any representative of College Board, and school staff and other professionals may no longer discuss with College Board employees my records, accommodations, temporary testing supports, or needs.
- ☐ I am requesting that all documentation provided to support my request, such as medical evaluations and school information, be removed from my file and discarded.
- ☐ I am requesting that all of my accommodations or temporary testing supports be removed. I acknowledge that by doing so, accommodations or temporary testing supports will not be provided by College Board to me if I choose to take any College Board test(s), unless and until I submit a new request for accommodations or temporary testing supports and supporting documentation.

Student Information:

Student Name: _____

School: _____

Student Date of Birth: _____

Student and Parent/Guardian Signature:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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

Mail or fax this completed form:

College Board Services for Students with Disabilities (SSD) Program
6846 W North Ave
Chicago, IL 60707
United States
Fax: 866-360-0114