



Services for Students with Disabilities

## Accommodations Change Request

Send completed form and applicable documentation to:

College Board SSD Program

P.O. Box 7504

London, KY 40742-7504

Or fax 866.360.0114.

Inquiry hotline: 212.713.8333; TTY 609.882.4118; or email [ssd@info.collegeboard.org](mailto:ssd@info.collegeboard.org)

### Part 1: Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

SSD Eligibility Code: \_\_\_\_\_ School Code: \_\_\_\_\_

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

Accommodation(s) currently approved by the College Board:



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## Part 2: Change Requested

Check and complete one option.

I want to request additional College Board accommodations.\*

Accommodations requested:

I want to remove approved accommodations and request new accommodations.\*

Accommodations to remove:

Accommodations requested:

I want to remove approved accommodations.

Accommodations to remove:

\*Include disability documentation that meets the College Board's Documentation Guidelines described at [www.collegeboard.org/students-with-disabilities/documentation-guidelines](http://www.collegeboard.org/students-with-disabilities/documentation-guidelines) for any request to add accommodations. Please allow up to seven weeks for processing.



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### Part 3: Accommodations Provided To and Used by the Student

Have all newly requested accommodations been provided to and used by the student on school-based tests for the last four school months?

Yes

No

### Part 4: School Certification

I verify that the information on this request is accurate.

SSD Coordinator Name: \_\_\_\_\_

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

Date Signed: \_\_\_\_\_ Fax Number \_\_\_\_\_

SSD Coordinator Email: \_\_\_\_\_

### Part 5: Parent/Student Concurrence

I authorize the 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. I agree to the conditions set forth in the College Board's *Instructions for Completing the Eligibility Form* and in the student bulletins for the SAT, AP, and PSAT/NMSQT Programs. I attest that all information I have provided on this form is true and accurate.

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

Parent Signature (for students under 18): \_\_\_\_\_

Date Signed: \_\_\_\_\_ Email Address: \_\_\_\_\_