

SSD Student Accommodation Change Request Form

Part I: Student Information

Student Name _____ Date of Birth _____

Student Address _____

SSD Eligibility Code _____ School Code _____

School Name _____

Accommodation(s) currently approved by the College Board _____

Part II: Accommodations being requested from College Board

Please check the reason below for submitting an accommodation Change Request Form.

To add additional College Board accommodations.*

Accommodation(s) requested _____

To remove previously approved accommodation(s) and request new accommodation(s).*

Accommodation(s) to be removed _____

Accommodation(s) requested _____

*Please include disability documentation that meets College Board *Guidelines for Documentation* for any request to add accommodations (refer to <http://professionals.collegeboard.com/testing/ssd/application/guide> or pg. 1 of *Instructions for Completing the Student Eligibility Form [Instructions]*). Please allow up to 7 weeks for processing.

To remove the previously approved accommodation(s).

Accommodation(s) to be removed _____

Part III: Accommodations Provided and Used by the Student

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

Yes

No

School Certification

I verify that the information on this request is accurate.

SSD Coordinator Name _____

SSD Coordinator Signature _____

Date Signed _____ Fax Number (_____) _____ - _____

Email Address _____ @ _____

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 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 Name and Signature _____

Parent Name and Signature (students under 18) _____

Date Signed _____ Email Address _____

PLEASE SEND COMPLETED FORM AND APPLICABLE DOCUMENTATION TO:

SERVICES FOR STUDENTS WITH DISABILITIES

P.O. BOX 8060

MT. VERNON IL 62864-0060

OR VIA FAX 866.360.0114. INQUIRY HOTLINE: 609.771.7137; TTY 609.882.4118; OR EMAIL SSD@INFO.COLLEGEBOARD.ORG