



REQUEST FOR ACCOMMODATIONS CONSENT FORM
For
College Board's Advanced Placement and
Cambridge Assessment International Education

Student's Name: _____ Student's Date of Birth: _____

School: _____

Option 1:

_____ I would like to decline any testing accommodations for College Board Advanced Placement and Cambridge International Examinations

Option 2:

_____ I wish to apply for testing accommodation(s) on either College Board Advanced Placement or Cambridge AICE AS/A level exams. I authorize my school, _____, to release to the College Board Advanced Placement and/or University of Cambridge International Examinations, 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 College Board Advanced Placement and/or University of Cambridge International Examinations, requests for the purpose of determining my eligibility for testing accommodations; and to discuss my disability and accommodation needs with both organizations. I also grant the College Board Advanced Placement and/or University of Cambridge International Examinations permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals. I agree to the conditions set forth in the student bulletins for the College Board Advanced Placement and/or University of Cambridge International Examinations relating to accommodations for disabilities.

Please read thoroughly and initial:

_____ I would like to apply for accommodations with either College Board Advanced Placement and/or University of Cambridge International Examinations. I understand that it requires an additional application to be filled out by me and will be evaluated by either College Board or Cambridge Assessments.

Note: College Board Advanced Placement and University of Cambridge International Examinations may require additional documentation to be attached to the application, other than the 504 or IEP packet.

Student's Signature

Date

Parent /Guardian's Signature (Required if Student is under 18)

Date

Please return this completed form to the school no later than _____.

Instructions to the School:

This form must be used when a request for accommodation(s) is submitted electronically. The form should be maintained by the School with the student's records. It does not need to be sent to either the College Board or University of Cambridge. You will be asked to verify that Consent Form is on file at the school prior to submitting a request for accommodations.