

*Sachem Central School District at Holbrook*  
**Guidance Office**

*212 Smith Road*  
*Lake Ronkonkoma, New York 11779*  
*PHONE: (631) 471-1435*  
*FAX: (631) 471-6530*

James J. Nolan  
Superintendent of Schools

Mona E. Hecht  
Administrator for Guidance

Dear Parent/Guardian,

In order to assist your student in applying for eligibility for accommodations for College Board testing due to disability we request that the following information be completed:

- a. updated student information and demographics
- b. consent form for Request for Accommodations.

Please return this paperwork to your student's guidance counselor. Processing of this eligibility review by the College Board can take 6 to 8 weeks; therefore, submission of this application in a timely manner is pertinent to national testing dates.

Please feel free to contact your student's counselor with any questions or concerns. Thank you for your attention.

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Student information and demographics:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of next intended College Board test (i.e. SAT, PSAT, AP): \_\_\_\_\_

Expected High School graduation date: \_\_\_\_\_

(over)



The College Board  
Services for Students

**Consent Form for Request for Accommodations**

Student's Name: \_\_\_\_\_

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

Student's Date of Birth: \_\_\_\_\_

I wish to apply for testing accommodation(s) on College Board tests (SAT, PSAT/NMSQT, and/or Advanced Placement Tests) due to disability. I authorize my 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, 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 SAT, AP®, and PSAT/NMSQT Programs relating to accommodations for disabilities.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Instructions to the School:**

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