College Board

Application for Accommodations for Students with Disabilities

This form must be submitted to your counselor for delivery to Ms. Giuffre for processing.

please print legibly and fill in completely

Name: Enter your full name, including your middle initial if you have one. Omit spaces,

Student Information

(if student is under 18)

apostrophes, and Jr., or III. You may hyphenate for hyphenated last names. Last Name: First Name: Middle Initial: Date of Birth: Expected date of High School Graduation: Month Year Month Day Year Social Security Number: (optional) Male Female \circ 504 **IEP** Test type and date of next College Board test: **SAT Subject Test PSAT** 0 **SAT** \circ AP 0 \circ 0 \bigcirc Expected test date: Guidance Counselor's Name:

are	nrent/Guardian's Name:																			

Student's Signature:

Parent/Guardian's Signature:_____

Par	Parent/Guardian's Email:																						
Street:																							
City	City:																						
State: Zip Code:																							
Home Phone Number:																							
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Ye O	S	No O																					