



AVON HIGH SCHOOL

37545 Detroit Road Avon, Ohio 44011

College Board & ACT Consent Form for Accommodations Request

Student Information:

Student Name	Address	
School	Phone	
Student Date of Birth	Class of	Gender

Student and Parent/Guardian Signature:

I wish to apply for testing accommodation(s) on College Board and ACT tests. I authorize my school: to release to the College Board and ACT 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 testing agency requests for the purpose of determining eligibility for testing accommodations. I also grant the testing agency permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals.

Student Signature	Date
Parent/Guardian Signature <i>(Parent/Guardian Signature is required if Student is under 18)</i>	Date

STUDENT SERVICES USE ONLY:

Diagnosis:	IEP: Y N	Initial IEP Date:
	504: Y N	Initial 504 Date:
Accommodations:	Cog Test Date (WISC):	
	Academic Test Date (WIAT):	

www.avonlocalschools.org

Administrative Office
Phone: (440) 934-6171
Fax: (440) 934-5450

Student Services/Guidance Office
Phone: (440) 934-5115
Fax: (440) 934-5473

Athletic Office
Phone: (440) 934-5111
Fax: (440) 934-5431