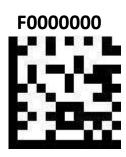


Services for Students with Disabilities



SSD Coordinator Form

This form will establish you as the SSD Coordinator for your school and allow you to obtain access to SSD Online. If you do not already have a professional login account with the College Board, you will need to create one at https://account.collegeboard.org/login/login. If you are the SSD Coordinator for more than one school, you will need to submit a separate form for each school you work with, but you should **create only one professional login account**.

Each school's primary SSD Coordinator will also be considered the school's Testing Coordinator for in-school College Board testing. If a school administers in-school tests, the primary SSD Coordinator will be responsible for receiving secure tests, as well as generating testing rosters and Nonstandard Administration Reports for school-based testing.

Complete, sign, and fax this form to the College Board's Services for Students with Disabilities at 866-360-0114. **Do not attach a cover sheet to this form when faxing**. All fields are required.

If your school doesn't have a code, enter "N/A" in the school code field and you will be sent a form to request one. If you don't know your

School Information

school's code, look it up at http://sat.colle	geboard.org/register/s	at-code-search.				
School Code: School N	lame:					
School Address:						
City:		State:			ZIP Code:	
Country:						
Coordinator Information						
Last Name:		_ First Name	e:		Middle Initial:	
Date of Birth (MM/DD/YY):/_	/	Gender:	Male	Female		
Work Telephone: Forms without valid, school-issued email a						
Are you the primary SSD Coordinat	or for your school?	? Yes	No			
If not, provide the name of your sc	hool's primary SSD	Coordinator	:			
Signatures						
I confirm that I am my school's authorized assume the responsibilities that include: a accommodation requests on behalf of stude serve as the SSD Testing Coordinator, I also	dvising staff and studer dents; and maintain do	nts of proper pro cumentation re	ocedures i lated to st	n applying for tudents' accom	testing accommodations; subm modations and disabilities. If I	
SSD Coordinator Signature:			Date:			
School Principal or Assistant Princi	pal Name:					
School Principal or Assistant Principal Signature:			Date:			

Principal: Please be aware that by signing this form, you are permitting this individual to request accommodations for College Board tests, and to access students' personal disability information.