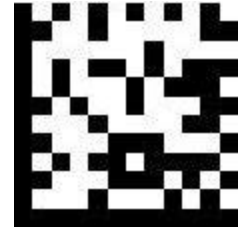




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FORM TO ESTABLISH SSD COORDINATOR

Complete, sign, and fax this form to the College Board's Services for Students with Disabilities office at **866-360-0114** (**PLEASE DO NOT ATTACH A COVER SHEET TO THIS FORM WHEN FAXING**). This form will establish you as the SSD Coordinator for your school and allow you to obtain access to the College Board's SSD Online system. At the same time, if you do not already have a Professional Login account with The College Board, you will need to create one at <https://epl.collegeboard.org/epl/login.do>. 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 only need to create ONE Professional Login account.

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

School Information (all fields are required unless otherwise specified)

School Code: _____ (If your school doesn't have a code, please enter "N/A" and you will be sent a form to request one. If you don't know your school's code, you may look it up at http://apps.collegeboard.org/cbsearch_code/codeSearchHighschool.jsp)

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Coordinator Information (all fields are required)

Last Name: _____ First Name: _____ MI: _____

Date of Birth (MM/DD/YY): ____/____/____ Gender: Male___ Female___

Work Telephone: _____ Fax Number: _____

Email Address: _____
(forms without valid, school-issued email addresses cannot be processed – please ensure your address is correct before submitting)

Are you the Primary SSD Coordinator for your school? Yes___ No___

If "No" name of Primary SSD Coordinator: _____

I confirm that I am my school's authorized Services for Students with Disabilities Coordinator, or authorized to serve in this capacity, and assume the responsibilities that include: advising staff and students of proper procedures in applying for testing accommodations; submit accommodation requests on behalf of students; and maintain documentation related to students' accommodations and disabilities. If I serve as the SSD Testing Coordinator, I also assume responsibility for providing secure testing conditions and timely return of materials.

SSD Coordinator Signature: _____ Date: _____

School Principal or Assistant Principal 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.