



T0000000



FORM TO CONFIRM YOUR SCHOOL'S AVAILABILITY FOR SAT SCHOOL TESTING

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**). It will be used to confirm your school's availability for SAT school testing.

Four-day School-Testing Availability for SAT -- School-Testing is required for students needing accommodations that are not available at test centers. (See Student Eligibility Form for specifics.) School-Testing can occur on one of the four days between the national administration date and the following Tuesday.

Important – If your school cannot administer the SAT during one or more test administrations, you must make arrangements with a neighboring school to accommodate your students. If other arrangements are not made, your students will have to be scheduled at your school. Attach a letter on school stationery from the administrator of the school that has agreed to test your students. This letter should acknowledge his/her agreement to assume this responsibility and should indicate the test dates, contact name, phone number and street address (not PO boxes) where the test materials should be sent. Include additional information as necessary.

Complete this section only if your school will NOT be available to test your own students for all SAT dates. Attach a letter indicating the other school to which your students should be assigned.

Our school will **not** be available for school testing during the following testing period(s) for the academic year: 20__

October November December January March/April May June

School Information (all fields are required unless otherwise specified)

School Code: _____ (If your school doesn't have a code, leave it blank. If you don't know your school's code, you may look it up at http://apps.collegeboard.com/cbsearch_code/codeSearchHighschool.jsp.)
School Name: _____
School Address: _____
City: _____ State: _____ Zip: _____
Country: _____

Coordinator Information (all fields are required unless otherwise specified)

Last Name: _____ First Name: _____ MI: _____
Work Telephone: _____ Fax Number: _____
Email Address: _____
Are you the Primary SSD Coordinator for your school? Yes ___ No ___
If NO name of Primary SSD Coordinator: _____

SSD Coordinator Signature: _____ Date: _____

If you need to establish or change your school's SSD Coordinator, you can do so by downloading and faxing to the College Board the "Form for Establishing SSD Coordinator" available at <http://professionals.collegeboard.com/testing/ssd/forms>