



## 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.

### School Information

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's code, look it up at <http://sat.collegeboard.org/register/sat-code-search>.

School Code: \_\_\_\_\_ School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Coordinator Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

Work Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Forms without valid, school-issued email addresses cannot be processed; please ensure your email is correct before submitting.

Are you the primary SSD Coordinator for your school? Yes No

If not, provide the name of your school's primary SSD Coordinator: \_\_\_\_\_

### Signatures

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.