



Consent Form for Releasing Accommodations Documentation

If you are a student requesting accommodations on a CLT exam, please submit this form authorizing your school to release necessary documentation to Classic Learning Initiatives.

Student Name: _____

Student Date of Birth: _____

School Official Name: _____

School City, State, and Zip: _____

Signature of Student and Parent/Guardian

I verify that the information submitted is accurate. I understand that my documentation must be no older than three (3) years old from the date of submission (today) if I am to be considered for a full range of accommodations. I am requesting a testing accommodation or accommodations on the Classic Learning Test due to disability which hinders my academic performance. I grant permission to my school to: to release to Classic Learning Initiatives, the parent company of Classic Learning Test, copies of my records which document the existence of my disability and the need for one or more testing accommodations. I also grant Classic Learning Initiatives permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals. I understand that if this application for accommodations cannot be approved, that the student may be required to test without the requested accommodations.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Both the student and parent/guardian must sign if the student is under 18 years old.

Only the student must sign if the student is over 18 years old.)

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Updated 1/24/2023