



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: _____

Official School Name: _____

School City, State, and Zip: _____

Signature of Student and Parent/Guardian

I verify that the information submitted is accurate. I am requesting testing accommodations or English Language Learner supports on the Classic Learning Test. I grant permission to my school to: release to Classic Learning Initiatives, the parent company of Classic Learning Test, copies of my records which document the existence of my disability or status as an English Language Learner 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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