

**The AICE
Consent Form for Request for Accommodations**

Student's Name: _____

School: _____

Student's Date of Birth: _____

I wish to apply for testing accommodation(s) on AICE Cambridge International Examinations due to disability. I authorize my school: to release to Cambridge International Examinations copies of my records that document the existence of my disability and need for testing accommodations; to release any other information in the school's custody that Cambridge International Examinations requests for the purpose of determining my eligibility for testing accommodations on AICE Cambridge International Examinations; and to discuss my disability and accommodation needs with AICE Cambridge International Examinations. I also grant AICE Cambridge International Examinations permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals. I agree to the conditions set forth by AICE Cambridge International Examinations relating to accommodations for disabilities.

Student's Signature Date

Parent/Guardian's Signature Date
(Required if Student is under 18)