

AUTHORIZATION FOR RELEASE OF ACCOMMODATION INFORMATION

Student Name: _____

Test Site: Covington Catholic High School

Accommodations provided on HSPTs documented in IEP, ISP or 504 plan

Extended Time

Reader

Large Print

Test Site Verification:

I verify that the accommodations provided the above-named student are documented on the student's current IEP/ISP or 504 Plan.

Test Site Coordinator: _____

Print Name: _____

Date: _____

Authorization for Release of Information

I , parent/guardian of _____,
authorize the release of the above-noted accommodation information to any
Catholic high school in the Diocese of Covington authorized to receive the
results of the HSPT.

Signature: _____

Print Name _____

Date: _____