



Archdiocese of Cincinnati
High School Placement Test

Authorization for Release of Accommodation Information

Student name: _____

Test Site: Seton High School

To be completed by Seton HS staff member

Accommodation provided on HSPT as documented in IEP, ISP, Formal Accommodation plan or 504:

- Extended Time
- Reader
- Scribe
- Large Print

Test Site Verification: I verify that the accommodations provided for the above named student are documented in the student's current IEP, ISP, Accommodation plan or 504.

Test Site Coordinator

Date

Print Name

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 Archdiocese of Cincinnati authorized to receive the results of the
HSPT.

Signature

Date

Print Name