

West Virginia DECA

P.O. Box 14

Ona, WV 25545

**Consent Form for Accommodations Request**

**Student Information**

|  |  |
| --- | --- |
| Student Name: |  |
| School: |  |
| Student Date of Birth: |  |

**Student and Parent/Guardian Signature**

I wish to apply for testing accommodation(s) on WV DECA and/or DECA Inc. testing due to disability. I authorize my school to release to: WV DECA and/or DECA Inc. 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 WV DECA and/or DECA Inc. requests for the purpose of determining my eligibility for testing accommodations on WV DECA and/or DECA Inc. tests; and to discuss my disability and accommodation needs with WV DECA and/or DECA Inc. I also grant WV DECA and/or DECA Inc. 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 in the student bulletins for the testing related to accommodations for disabilities.

|  |  |
| --- | --- |
| Student Signature: |  |
| Date: |  |
| Parent/Guardian Signature: |  |
| Date: |  |
| Parent/guardian signature is required if student is under 18. | |

**Instructions to the School**

This form must be used when a request for accommodation(s) is submitted electronically, on in person. The form should be maintained by the school with the student’s records. It does need to be sent to WV DECA and/or DECA Inc. via the state association advisor.