



# SAT Coordinator Change Form

Please complete this form to let us know that the test coordinator at your test center has changed. In addition, the new test coordinator must review the [Key Information for Test Coordinators](#). Return the completed document to [satweekend@collegeboard.org](mailto:satweekend@collegeboard.org).

All fields are mandatory.

Test Center Number (5 digits) \_\_\_\_\_

Test Center Name \_\_\_\_\_

**Name of New Test Coordinator** \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Name of Alternate Coordinator** \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Name of Principal/Head of Institution** \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Email Address \_\_\_\_\_

Principal/Head of Institution Signature \_\_\_\_\_

<p>Change is effective for:</p> <p><input type="checkbox"/> All current admins   <input type="checkbox"/> Aug   <input type="checkbox"/> Oct   <input type="checkbox"/> Nov   <input type="checkbox"/> Dec   <input type="checkbox"/> Mar   <input type="checkbox"/> May   <input type="checkbox"/> Jun</p> <p><input type="checkbox"/> I acknowledge that I have been informed of all agreed upon test dates and capacity at my center for the remainder of this testing year.</p> <p><input type="checkbox"/> I understand that I and other testing staff will be asked to agree to and follow rules relating to their role as testing staff. These will include terms set forth in a test staff agreement and in Test Day Toolkit, the College Board web-based application for administrating tests.</p> <p>New Test Coordinator Signature _____</p> <p style="text-align: right;">Effective Date _____</p>
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