

Accommodation Request

To be considered for an accommodation the following information must be included on your request.

SAMPLE

The information requested below, any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

To be completed by applicant

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (Include Area Code) _____

Accommodations are requested for the _____ examination.

I am requesting the following accommodations be provided: (check all that apply)

- Accessible testing site

- Large Print

- Reader as accommodation for visual impairment or learning disability, at applicants own expense.

- Language interpreter, at applicants own expense.

- Sign language interpreter, at applicants own expense.

- Extend time
 - Time-and a-half
 - Double time

- Separate testing area

- Use of computer or other adaptive equipment (specify) _____

- Other (specify) _____

Please document your medical condition or disability to justify this request. (Attach additional sheets if necessary)

Signature _____ Date _____

Some accommodation requests may require additional documentation
(see reverse side)

