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				
Nam	ne			
Addr	ress			
	State, Zip Code			
	phone Number (Include Area Code)			
Acco	ommodations are requested for the examination.			
	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)			
Plea	se document your medical condition or disability to justify this request. (Attach additional sheets if necessary)			
Sign	ature Date			

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

Documentation of Disability Related Needs

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

To be completed by appropriate professional		
I have known(Test Applicant)		in my
(Test Applicant)	(D.	ale)
capacity as a	(Professional Title)	······································
	(Professional Title)	
The applicant has discussed with me the natural applicant's disability, he/she should be accommod		
□ Large print test		
□ Reader, at applicants own expense.		
□ Extend time		
☐ Time-and a-half		
□ Double time		
□ Separate testing area		
☐ Use of computer or other adaptive equipmer	nt (specify)	
□ Other (specify)		
Please identify the applicant's disability and i	related medical facts to support the accom	modation request. (Attach
additional sheets if necessary)		
Signature	Date	
Title	Lisana Na manana	