Special Accommodations Request Form

Name: __________________________________________________________________________

   Last       First       Middle

What type of disability do you have? *Please indicate the specific diagnosis.*
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

When was your disability first diagnosed? ____________________________________________

What accommodations are you requesting during the examination?

   _____ Additional Time - Time and a half       _____ Reader
   _____ Additional Time – Double Time           _____ Scribe
   _____ Zoom Text                               _____ Separate Room
   _____ Screen Magnifier                        _____ Other

**Documentation Requirements**
A comprehensive and current report (no more than three years old) from a qualified examiner appropriate for evaluating your disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization for the qualified examiner
- Specific diagnosis
- Specific findings in support of the diagnosis (include relevant test results)
- Recommendation for specific accommodations
- Rationale for requesting specific accommodations

________________________________________________________________________________

Applicant Signature                        Date