

Testing Accommodation – Not ADA (Accommodation Request)

1. Examination: _____
2. Date (or first phase of) of Exam: _____
3. Name: _____
4. Person ID# (if known): _____
5. Street Address: _____
City, State, Zip Code: _____
6. Telephone Number: _____
7. Email Address: _____
8. Reason For Accommodation: Military Medical Other
9. What type of accommodation are you requesting during the testing process?

10. Why do you believe this accommodation is necessary?

11. You must include documentation verifying your need for the requested accommodation. This can include items such as a medical excuse, a tow truck receipt, a pre-approved vacation request, etc.

Attachment

12. If you are requesting a military accommodation, please indicate the dates you are NOT available for testing: From: ____/____/____ To: ____/____/____. Please attach a copy of your military orders confirming these dates.

Attachment

