

Candidate Reasonable Accommodations Request Form



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Name: _____
Last First M.I.

Date: ____ / ____ / ____
Month/Day/Year

Daytime Telephone Number: () _____

Desired Test Date: _____

Email address: _____

Description of Disability:

Accommodations Requested (Check all that apply):

- | | | |
|-------------------------------|------------------|---------------------------|
| Accessible Facilities | Large Print Exam | Sign Language Interpreter |
| Additional Time | Reader | American Sign |
| Language | | |
| Time and a Half (x1.5) Double | Scribe/Writer | Cued Speech |
| Time (x2) | | Hand Held Magnifier |
| Separate Testing Room | | |

Other Equipment or Accommodation (Please explain):

Reasonable Accommodations previously provided to you—list accommodations received and purpose (e.g., "Sign language interpreter for NAFTA CPT examination")

I understand that NAFTA will use the information obtained by this authorization to review this reasonable accommodation request in regard to this examination by reason of my disability. I understand that NAFTA reserves the right to make additional inquiries regarding my disability and previous accommodations before authorizing the accommodations I have requested.

Candidate Signature

Date