

Security University Testing

ADA Accommodation Request

Special Testing Accommodation Request Form

Candidates with disabilities covered by the Americans with Disabilities Act (or other country equivalent) must complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs Form in order for their accommodations request to be processed

Applicant Information

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Special Testing Accommodations

Exam Date and Location (test center) for which you are requesting accommodation:

Address: _____

City: _____ State: _____

I would like to request the following testing accommodation(s):

- Extended testing time (time and a half)
- Reader
- Separate testing area
- Special seating, please describe: _____
- Wheelchair accessible testing site
- Other special accommodations (please specify):

Applicant Signature: _____

Please note that Tetrac, the SUT's test delivery partner, cannot comply with special accommodation requests made by candidates who take the exam outside of the United States, or where local operating conditions or local laws and customs render such requests unlawful, economically unfeasible, or impossible to perform. Incomplete or late requests for special accommodation may not be honored. Decisions that reject the candidate's request for special accommodation may be appealed in accordance with the SUT's Policy on Appeals of Adverse Decisions.

Documentation of Disability-Related Needs

By Qualified Provider

This form must be completed by a licensed health care provider or an educational / testing professional. The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability, and the specific testing accommodations requested must be included.

Professional Documentation

I have known _____ since _____ in my capacity as a(n)

(Name of Applicant)

(Date)

_____.

(Professional Title)

(Board Certification)

The applicant discussed with me the nature of the test being administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the Special Testing Accommodation Request Form.

Comments on Disability: _____

Signature: _____

Title: _____

Organization: _____

License # (if applicable): _____

Phone Number: _____

Date: _____

Candidate Instructions: Return this form with a copy of the *Special Testing Accommodation Request Form* to:

Registrar

SUT 510 Spring Street Herndon VA 20170

Written accommodation requests may also be scanned and submitted via email to: Accommodations@SU-Testing.com with the words: *Accommodation Request* in the subject line of the email.