



## REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form online at [https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket\\_form\\_id=360000150872](https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket_form_id=360000150872) and attach the Documentation of Disability-Related Needs on the next page. Submit your request at least 45 days prior to your requested examination date.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

### Candidate Information

Candidate ID # \_\_\_\_\_ Requested Test Center: \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First, Middle Initial, Former Name)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State/Province Zip Code

\_\_\_\_\_  
Daytime Telephone Number Email Address

### Special Accommodations

I request special accommodations for the \_\_\_\_\_ examination.

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with PSI staff my records and history as they relate to the requested accommodation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit your request for exam accommodations online at  
[https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket\\_form\\_id=360000150872](https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket_form_id=360000150872).  
If you have questions, call Candidate Services at 800-367-1565 ext. 6750.**