



# Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and provide the Documentation of Disability-Related Needs on the next page and submit it with your application 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 Zip Code

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

## Special Accommodations

I request special accommodations for the \_\_\_\_\_ administration of the \_\_\_\_\_ examination.  
Year

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: \_\_\_\_\_

**Return this form along with documentation from a licensed professional to:  
PSI, 18000 W. 105th St., Olathe, KS 66061-7543  
If you have questions, call Candidate Services at 888-519-9901.**