

Standardized Testing Accommodation Request Form



Student's full legal name:

Name of person completing the form:

Date of initial request:

Date accommodation(s) required:*

Student's date of birth:

Student's home address:

Are you currently registered for the SAT or ACT? Yes No If yes, for which test date are you registered? _____

Reason for request and desired accommodation:

Brief description of professional diagnosis**:

Any other comments:

Parent/guardian signature:

Date:

Student signature:

Date:

*Please note the entire process from start to finish may take approximately four to five weeks.

**Professional diagnosis must be current within three years.