



REQUEST FOR ACCOMMODATION FORM

This request must be received by NAAEI thirty (30) days before your requested exam date.

Name	
Street Address	
City, State, Zip	
E-mail Address	
Telephone	
Fax	
NAA ID	

Requested Test Date and Time: _____

Requested Test Location or Affiliate: _____

Please select the requested accommodation from the list below: Use additional paper to describe your requested accommodation, if necessary.

- Separate Room
- Un-timed Breaks
- Double Time
- 50 % Additional Time
- Sign Language Interpreter
- Logistical Provisions
- Reader Required
- Screen Magnifier
- Other _____

Please list the supporting documentation that is attached. This documentation must be from a physician or other qualified professional reflecting a diagnosis of the candidate's disability and an explanation of the accommodation(s). The supporting documentation must be on the physician's or other professional's letterhead, specify the professional's credentials and be signed by the professional.

Please return completed forms to:

ATTN: Vice President,
NAAEI
4300 Wilson Blvd, Suite 800
Arlington, VA 22203
E-mail: pweber@naahq.org