

**FORM C: CERTIFICATE OF NONSTANDARD EDUCATIONAL, TESTING, OR LICENSING
ACCOMMODATION**

In re the request of _____ for nonstandard testing accommodation.

This form is to be completed by an authorized representative of any educational institution or testing authority that has provided nonstandard testing accommodation to the above applicant.

1. Please provide your name, position, business email address, and business phone number, as well as the name, address, phone number, and fax number of your educational institution or testing authority.

2. Please advise the course of study in which the applicant was enrolled or the testing program for which the applicant was registered and the date(s) of such course of study or testing program.

3. Please describe the nonstandard testing accommodation requested by the applicant.

4. Please provide a detailed description of the nature of the physical or mental impairment of the applicant that served as the basis for the decision to provide nonstandard testing accommodation.

5. Please provide a detailed description of the nonstandard testing accommodation provided to the applicant and the manner in which the accommodation differed from customary testing procedures and conditions.

6. Please describe the documentation that served as the basis for granting the applicant nonstandard testing accommodation.

7. Please describe any nonstandard testing accommodations requested by the applicant that were not provided and the reason(s) for the denial.

Signature_____

Printed Name_____

Date of Execution_____