Request for Special Examination Accommodations

Please complete this form and the “Documentation of Disability-Related Needs” form so the accommodation for testing can be processed efficiently. The information provided and any documentation regarding the candidate’s disability and need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without the candidate’s express written consent. Do not schedule your exam before instructed to do so by CBIC staff to allow for paperwork processing.

Requested Examination Site: ________________________________

Printed Name: ________________________________

Address: ____________________________________________

_________________________________________________________________

Daytime Telephone: ___________________________ Email: ________________________________

Please provide (check all that apply):

_____ Reader

_____ Extended testing time (1.5 hours)

_____ Reduced distraction environment

Please specify if other special accommodations are needed: __________________________________

______________________________________________________________________

Comments: ________________________________________________

______________________________________________________________________

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

Signed: ___________________________________________ Date: ________________

Return this form with the examination application to:

Examination Services
CBIC
555 East Wells St., Suite 1100
Milwaukee, WI 53202
Fax: 414.276.3349
If you have questions, call 414.918-9796.