



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.