

### Testing Accommodations History

This form documents the applicant's history of special testing accommodations in higher education. A professional responsible for student disability services at the college or university where the accommodations were received should complete it.

<b>Applicant Information</b>			
<b>Name</b>		<b>Date</b>	
<b>Address</b>		<b>Email</b>	
		<b>Phone</b>	
<b>Verifying Professional Information</b>			
<b>Name</b>		<b>Title</b>	
<b>Institution</b>			
<b>Address</b>		<b>Email</b>	
		<b>Phone</b>	
<b>Accommodations History</b>			
<i>Please indicate the accommodations the applicant received during his/her undergraduate/graduate education.</i>			
	Extended time <i>Please indicate how much additional time was allowed for examinations.</i>		
	Reader		Recorder (an individual to record your answers)
	Sign language interpreter		Distraction-reduced environment
	Other <i>Please specify.</i>		
<b>Please indicate the dates or time period that these accommodations were provided.</b>			
<b>Please indicate the reason these accommodations were provided.</b>			
<b>Was the need for these accommodations verified by an appropriately-licensed or certified healthcare professional?</b>			
I certify that the information that is provided on this form is true and correct to the best of my knowledge.			
<b>Verifying Professional Signature</b>			