



# REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

## Applicant Information

Test Center \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

## Special Accommodations

I request special accommodations for the \_\_\_\_\_ / \_\_\_\_\_ administration of the \_\_\_\_\_ examination.  
Month Year

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ AND SIGN:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form along with documentation from a licensed professional to:  
 Examination Services, AMP, 18000 W. 105th St., Olathe, KS 66061-7543.  
 If you have questions, call the Candidate Support Center at 800-345-6559.**