



Request for Special Accommodations

Professional Documentation: This form must be completed by an appropriate professional to ensure CCVA is able to provide the required test accommodations. Include an explanation of the nature of the candidate's disability and the appropriate accommodation.

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability s/he should be accommodated by providing special arrangements as indicated.

Name: _____

Title: _____

Phone: _____

Signature: _____

Date: _____