

Candidate Name

PSI EXAMINATION SERVICES

3210 E Tropicana Las Vegas, NV 89121 https://test-takers.psiexams.com/mael (855) 834-8745 /Fax (702) 932-2666

REQUEST FOR ACCOMMODATION

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodation in the testing process which will ensure that the tests accurately reflect your skills, knowledge and abilities. Attempts will be made to provide a reasonable accommodation which will allow you to demonstrate your job- related abilities.

It is required for you to include supporting documentation from a licensed professional or agency. This documentation regarding your disability or your need for accommodation in testing, will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Street Address

Phone number	City, State, zip	
NEED FOR ACCOMMODATION		
Please describe why you are request	ing this accommodation.	
ACCOMMODATION REQUESTED		
Please list the accommodations need (Be specific in requesting required a	ded in order to provide an accessible test ccommodations. For example, "Paper an	format. Id Pencil Examination", or "Extended time needed.")
1		
3		
_		
Applicant's	Signature	Date