ACCOMMODATIONS REQUEST FOR NATIONAL EXAMS

Student Name: __________________________________________ Phone: __________________________
Red I.D. #: __________________________ SDS Counselor: __________________________

Important Instructions:
• If you are requesting accommodations for the GRE or GMAT, please make a half-hour or same-day appointment with your SDS counselor. Bring all documents and related information to the appointment.

MCAT and LSAT standards for documentation of disability are rigorous, and we cannot guarantee that we possess sufficient information on your disability to satisfy their standards. If SDS staff needs to discuss your request, they will contact you as soon as possible.

For all other exams, a letter providing the necessary information will be provided. (In most cases, you must submit this letter with your registration to take the exam.) Your letter will be ready for pick-up from SDS as soon as possible. SDS will contact you at the phone number provided on this request. If you prefer to have it mailed to you, complete your address below.

Primary disability: Visual      LD      Mobility      ADHD      Other: __________________________

Circle accommodations you are requesting. If you request an accommodation that is not already approved, it will be deleted.

1 1/2X  2X  Reader  Writer  Computer  Other: __________________________

Name of Test: __________________________ Date of Exam: __________________________

Please send my letter to me at the following address: __________________________

Permission to Release Information:
I authorize release of information on my disability and test accommodations to the administering agency for the above-named examination. I understand that the documentation provided to the Student Disability Services at San Diego State University qualifies me for accommodations at SDSU, but may not meet the criteria for accommodations elsewhere.

_________________________________________  __________________________
Signature of Student  Date

SDS Office Use Only:

Date Request Received: __________________________ Date Letter Completed: __________________________

Signature of SDS Counselor Completing Form/Letter: __________________________