

## 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 StudentDate

**SDS Office Use Only:**

Date Request Received: \_\_\_\_\_ Date Letter Completed: \_\_\_\_\_

Signature of SDS Counselor Completing Form/Letter: \_\_\_\_\_