

# ACCOMMODATIONS REQUEST FORM

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Certification Candidate Name:

District:

State:

District Contact Name:

District Contact Email:

District Contact Phone:

Certification Name:

Please select the accommodations being requested:

- Screen Reader
- Dictation
- Extended Testing Time
- Multiple Test Sessions

Rationale for accommodation:

Please complete, print and submit this form to CEV Multimedia via mail or fax. **Form must be received at least 24 hours before scheduled exam.**

CEV Multimedia, Ltd.  
1020 SE Loop 289  
Lubbock, TX 79404

Toll Free Fax: 800-243-6398  
Home Office Fax: 806-745-5300

