Request for TEAS Testing Accommodations

**Please allow a reasonable time frame for The Office of Disability Support Services (DSS) to review each petition and supporting documentation.

Name: ____________________________________  Date: ________________
Address:______________City______________State______________Zip________
Telephone #: _________________________E-Mail Address: ______________________
Student ID # (Social Security #): _____________________________________________

Please indicate your disability type(s). Check all that apply:

- Neurodevelopmental Disability
- Sensory Disability
- Mental Health
- Physical Disability
- Intersystem Disability
- Temporary Disability
- Multiple Disabilities

Please indicate the types of accommodation that you are requesting:

- Extended time for testing
  - One and half times the standard amount
  - Other: ______________________________
- Reader for exam
- Use of computer for exam
- Use of spell-check device for exam
- Distraction reduced environment for exam
- Other (please list): ______________________________

Section 504 & The ADA allow colleges to require disability documentation in order to determine the most appropriate accommodations and services that a student will need. The Office of Disability Support Services holds all disability documentation in the strictest confidence and will not release any of the documentation without the written permission of the student. Guidelines for documentation are available upon request. Please attach all disability documentation to application.