Request for TEAS Testing Accommodations

**Please allow a reasonable time frame for Student Access Office (SAO) 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 & ADA allow colleges to require documentation of a disability in order to determine the most appropriate accommodations that a student will need. The SAO holds all documentation in the strictest confidence and will not release specific information without authorization from the student. Guidelines for documentation are available upon request.