



**PSI EXAMINATION SERVICES**  
 3210 E Tropicana  
 Las Vegas, NV 89121 [www.psiexams.com](http://www.psiexams.com)  
 (800) 733-9267 /Fax (702) 932-2666

**REQUEST FOR ACCOMMODATION**

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodation in the testing process which will ensure that the tests accurately reflect your skills, knowledge and abilities. Attempts will be made to provide a reasonable accommodation which will allow you to demonstrate your job-related abilities.

**It is required for you to include supporting documentation from a licensed professional or agency.** This documentation regarding your disability or your need for accommodation in testing, will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Candidate Name	Street Address
Phone number	City, State, zip

**NEED FOR ACCOMMODATION**

Please describe why you are requesting this accommodation.

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**ACCOMMODATION REQUESTED**

Please list the accommodations needed in order to provide an accessible test format.  
*(Be specific in requesting required accommodations. For example, "Paper and Pencil Examination", or "Extended time needed.")*

1. \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature Date