

**San Diego State University
Student Disability Services**

Phone: 619-594-6473

Fax: 619-594-4315

Request for Accommodated Testing for EPT/ELM Exams

This request pertains only to the administration of EPT/ELM exams for students not yet enrolled in classes at, but planning to attend, SDSU. Additional documentation will be required for determination of student's eligibility to receive further accommodations from Student Disability Services at SDSU.

High School/College/University: _____

Street Address: _____

City: _____ State: _____ Zip: _____

TEST(S) REQUESTED: _____ DATE REQUESTED: _____

I authorize release of documentation of my disability and information regarding authorized test accommodations to Student Disability Services, San Diego State University.

Student's Signature

Date

Student's Name (please print): _____

RED ID: _____ Phone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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Documentation of disability and accommodations are to be completed by a professional from the high school, or university, where the student attends/last attended.

Primary Disability: _____

Circle all Test Accommodations authorized at last school and requested for EPT/ELM:

Time and One Half	Double Time	Reader	Writer
Calculator (standard, nonprogrammable)		Enlarged Test	
Enlarged Display (VTEK)	Brailled Exam	Braille	
Other (please specify): _____			

Date Student Last Attended this Institution: _____

Name of Certifying Individual: _____

Title: _____ Phone #: _____

Certifying Professional's Signature

Date