

Administrative Accommodation Request Form

**This form must be submitted in the first instance with appropriate supporting documentation.
If the request is based on a medical condition, supporting medical documentation must be attached.**

Complete this form to request permission to bring your own assistive device (i.e., lumbar support, orthopedic device) otherwise prohibited by the Board's Security Policy into the exam room at a general population test center and/or to make a special seating request, such as seating in a particular test center location or a seat close to the restroom at a general population test center.

This form is not to be used for requests for off-the-clock breaks, extra testing time, or the provision of an assistive seating device (i.e., high back chair, podium); such requests must be submitted as part of a timely application for non-standard test accommodations.

This form is not to be used for requests pertaining to lactating needs; such requests must be submitted on the Administration Accommodation Request Form for Lactating Individuals.

This form with appropriate supporting documentation **MUST** be timely submitted to the Board's office **no later than January 1st for a February exam or June 1st for a July exam.** If the need for an administrative accommodation arises after the deadline, a request may be made by submitting this form and providing supporting documentation but the Board cannot guarantee that it will be granted and/or processed in time for the exam.

Name: _____ **BOLE ID:** _____

Nature and Explanation of Request:

By signing this form, I acknowledge and affirm my understanding that I must provide supporting documentation for this request, that I must comply with the above deadline and that untimely requests may not be granted and/or processed in time for the exam.

Applicant's Signature: _____ **Date:** _____