

**Charter Township of Clinton  
Testing Accommodation Request Form**

Please return this signed form and supporting documentation to:  
Upon receipt, the Township will review your request and notify you in writing of the decision.

**Personal Information:**

Last Name	First Name	Middle
Street Address	City/Township	Zip Code
Telephone No.	Email Address	Position Applied For:

**Accommodation History**

Indicate any previous accommodations you received and the corresponding dates.

<b>Standardized Examination</b>	<b>Educational Institution</b>
Name of Test:	Name of Institution:
Date(s):	Date(s):
Specific Accommodation Received:	Specific Accommodation Received:
Other:	Other:

Have you taken this exam before?    Yes    No  
 If yes, did you receive special accommodations for the exam?    Yes    No  
 Nature of disability (check those applicable):    Physical disability    Cognitive disability  
 Based on your understanding of the examination process what reasonable accommodation(s) are you requesting that would enable you to complete the process? Accommodation(s) must be specific, supported by documentation and appropriate to the disability. Please check all that apply.  
 Additional testing time (please specify): \_\_\_\_\_  
 Separate test room  
 Proctor Assistance (recorder of answers)  
 Sign Language Interpreter (for spoken directions only)  
 Reader  
 Other (please specify): \_\_\_\_\_

**Documentation requirements:**

1. Must be submitted on official letterhead and signed by a licensed professional qualified to make an evaluation;
2. Should establish the existence of a "disability" within the meaning of applicable law;
3. Should describe how the resulting functional limitations impact the individual's ability to take the examination;
4. Should demonstrate the need for an accommodation;
5. Should specifically identify the accommodation(s) that are believed to be appropriate.

**Authorization**

I, the undersigned, certify that the information I have provided is correct. I give permission to the Charter Township of Clinton to contact the licensed professional (who diagnosed my disability) and/or the educational institution (that granted me previous testing accommodation) for additional information or clarification as needed. I authorize such professionals and educational institutions to provide the Charter Township of Clinton with such clarification and/or further information as needed.

**Examinee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT NOTICE:** If you are submitting this PDF form online and are unable to electronically sign the application, please use the Electronic Signature Agreement box below.

**ELECTRONIC SIGNATURE AGREEMENT**

By checking the "I agree" box below, you agree and acknowledge that:

1. Your application will not be signed in the sense of a traditional paper document.
2. By signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.
3. You may still be required to provide a traditional signature at a later date.

I agree. Please type in your full Name: