ARIZONA DEPARTMENT OF PUBLIC SAFETY

REQUEST FOR SPECIAL TESTING ACCOMODATION

(COMPLETE THIS FORM ONLY IF YOU HAVE A DISABILITY)

In order to gather the necessary information to make special testing accommodations, we are asking all disabled applicants who require such accommodation to complete this form. Every effort will be made to make reasonable testing accommodations. COMPLETION OF THIS FORM IS ENTIRELY VOLUNTARY. You do not have to complete this form if you have no need for special testing accommodations.

I require special testing accommodations.

The nature of these accommodations are as follows: (ex: individual testing session, reading assistance, writing assistance, Braille testing, special equipment/facilities, other)

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Signature: _____ Date: _____