PLEASE COMPLETE THIS FORM IF YOU REQUEST A TEST ACCOMMODATION.
THE INFORMATION WILL BE KEPT CONFIDENTIAL.

REQUEST FOR ACCOMMODATION IN TESTING

The City University of New York is committed to providing a fair and accessible test environment for all applicants. Accommodations for test components of this examination are available for applicants with certified disabilities. Please review the description of all the exam components in the Notice of Examination to determine if you may require an accommodation. If you have a disability AND require an accommodation in testing, you must complete both sides of this form and submit to:

City University of New York OHRM, 4th floor,  
ATTN: CUNY Cement Mason Exam  
535 East 80th Street  New York, NY, 10075

by the close of the filing period for the test for which you require an accommodation. In requesting an accommodation in testing, you are required to provide a description of the type of accommodation for which you are applying and proof of your need for accommodation.

If you are requesting more test administration time because of a cognitive disability, please note that an additional hour is built into the administration time of any test we offer (e.g., you would have four hours to complete a three hour test).

Name__________________________________________________________

Social Security Number___________________________________________

Examination Title and Number_____________________________________

Signature_____________________________________________________  Date__________________

(OVER)
The information requested on this form, including any documentation regarding your disability and need for accommodation in testing, will be considered confidential. Please furnish all information as requested.

Name________________________________________________________

Address_______________________________________________________

Telephone______________________________________________________

Need for Accommodation (to be completed by the applicant)

Please indicate below why you need an accommodation and what accommodations you believe are necessary in order to provide an accessible test format. Be as specific as possible when requesting an accommodation. For example, “I am legally blind and, therefore, need the assistance of a reader.”

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Signature _______________ Date __________

Certification of Need for Accommodation (to be completed by an appropriate professional)

I attest that this applicant has the disability described above. The applicant has discussed with me the nature of the test to be administered, and it is my opinion that the accommodation described above is appropriate for this applicant’s disability.

Name (please print) __________________________ Telephone # ______________ License # ______________

Title (please print) __________________________ Date Applicant Was Last Examined __________________

Signature __________________________ Date __________________