

# Testing Accommodations Request Form

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Name: \_\_\_\_\_  
First Middle Initial Last Previous/Maiden Name

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip/Postal Code Country

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Location Where you intend to take the examination: \_\_\_\_\_  
City State/Country

What is the special accommodation request? \_\_\_\_\_

Will this request require testing accommodations in order for you to take the examination?

Yes No

If yes describe the testing accommodations needed. (You may attach a separate sheet if necessary.)

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\_\_\_\_\_  
Applicant's Signature and Date  
Return this form and supporting documentation to:  
North Dakota State Board of Accountancy  
215 N 3<sup>rd</sup>, Ste 202C  
Grand Forks, ND 58203