1. Last Four Digits of Your Social Security Number: 

2. Name: 

3. Address: □ Check here if address is different from address on original registration. 

4. Telephone Numbers: 

5. Email Address: 

6. Test date: You will schedule your appointment once your request for alternative arrangements has been resolved.

7. Indicate the test center that you are requesting: 

8. Identify the disability for which you are requesting alternative testing arrangements.

9. List the specific alternative testing arrangement(s) that you are requesting.
10. Documentation (check one of the following):

☐ I am requesting one of the alternative testing arrangements listed below because of a disability. Medical documentation is not required for the following accommodations:
  ■ Wheelchair-accessible facilities
  ■ Frequent breaks (e.g., for those with hypoglycemia or diabetes)

☐ I am requesting alternative testing arrangements other than those listed above because of a physical disability (e.g., visual impairment). Therefore, I have enclosed documentation as indicated in “Alternative Testing Arrangements” on the THEA IBT Web site.

☐ I am requesting alternative testing arrangements because of a disability other than physical (e.g., learning disability). Therefore, I have enclosed documentation as indicated in “Alternative Testing Arrangements” on the THEA IBT Web site.

11. Previous alternative testing arrangements (check one of the following):

☐ I have not previously been granted alternative testing arrangements for the THEA IBT Test.

☐ For a previous administration of the THEA IBT Test, I was granted the same alternative testing arrangements as I am currently requesting. (Indicate the most recent test date: _______________)

☐ For a previous administration of the THEA IBT Test, I was granted different alternative testing arrangements from those that I am currently requesting. Please explain and include the test date:

12. I have completed the registration process for the THEA Internet-Based Test and agree to abide by the conditions set forth on the THEA IBT Web site, including the Rules of Test Participation for the THEA IBT, and I certify that I am the person whose name and address appear on this form. I am submitting, together with this completed Alternative Testing Arrangements Request Form for THEA IBT, any required documentation as noted. I understand and agree that the alternative testing arrangements I have requested herein will be given due consideration. If, and to the extent that, any such request is granted, I understand that I will be taking the test under alternative conditions.

Signature ___________________________ Date ___________________________