



## Request for Special Accommodations

Date \_\_\_\_\_

Submitted By \_\_\_\_\_

Contact phone number \_\_\_\_\_

Email address \_\_\_\_\_

Which exam are you requesting accommodations for?

\_\_\_\_\_

Type of accommodations requested

Reader

Other (list below)

Additional Time

\_\_\_\_\_

Please describe the reason for the request below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide supporting documentation and submit to:

NCCPT -CB  
3481 Old Conejo Rd. #102  
Newbury Park, CA 91320  
or email: accommodations@nccpt.com

Please allow five business days from the receipt of your request to process.  
We will contact you at the phone number you provided above.