INFORMATION FORM FOR APPLICANTS WITH DISABILITIES

General Information

If you are a person with a disability, you may have certain rights under the Americans with Disabilities Act ("ADA"). A brief summary of these rights is on the back of this sheet. It is not meant to be complete. If you have any questions about your rights under the ADA we encourage you to call the United States Department of Justice, which has an ADA Information Line, at (202) 514-0301 (voice) or (202) 514-0381/0383 (TDD). These telephone numbers are not toll-free numbers.

Alternative Arrangements

The ADA require this agency to make "reasonable accommodation" for applicants with disabilities in giving this examination. If you are a person with a disability which may affect your ability to enter the examination facility or to take any portion of the examination, the ADA may require us to provide alternative examination arrangements. **We are not required to do so if we are unaware of your need for accommodations.** We ask that you inform us of any alternative arrangement you may require to take this examination. Please complete the following information:

NAME:_____
(Last) (First) (MI)

Mailing Address:_____
(Number and Street) City State Zip Code

Name of Examination:_____

Date of Examination: _____

Examples of reasonable accommodations include, but are not limited to: readers, oral interpreter or enlarged print. Describe in detail your request for "reasonable accommodations" (Please use additional paper, if necessary):

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Location: (if other that scheduled exam site):_____

Type of accommodation (reader, hearing impaired, etc.):_____