GED Testing Service® Accommodation
(Reasonable Adjustment) Appeal Form

You may appeal an accommodation (reasonable adjustment) decision if any or all of your requested accommodations were not approved. Complete the information below and sign the release statement at the end of the section. Appeal requests are generally more effective if they include 1) a reason for appeal, and 2) additional documentation beyond what was included with the original request.

SECTION 1: CANDIDATE’S IDENTIFYING INFORMATION:

First Name: ____________________________ Last Name: ____________________________

ID Number: ____________________________ Date of Birth: _____ / _____ / _______ Age: ______

Address: _____________________________________________________________________________

City: ____________________________ State/Province/Territory: _______ ZIP/Postal Code: ______

Phone Number: ( _____ )_______ - _______ Email: _______________________________________

Additional person(s) you permit GED Testing Service® Accommodations Team to contact on your behalf regarding this request.

Name: ____________________________ Relationship: ____________________________

Phone Number: ____________________________ Email: ____________________________

Dates this authorization is valid from: ____________________________ to ____________________________

Candidate’s Signature: __________________________________________ Date: _________________

If you are under 18, a parent or guardian must also sign.

Parent/Guardian’s Printed Name (if Candidate is under 18): ____________________________

Parent/Guardian’s Signature (if Candidate is under 18): ____________________________ Date: _____

Appeal Form
Accommodation Request Form (Effective 12/01/2018)
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SECTION 2: REASON FOR APPEAL

Please explain your reason(s) for appealing the denied accommodation(s). You may attach an additional sheet if necessary:

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Please submit this completed form and any additional documentation you can provide to support this appeal.
Please indicate what accommodations you are requesting, and provide a rationale for each:

Accommodation: _______________________________________________________________________

Rationale: ___________________________________________________________________________
____________________________________________________________________________________

Accommodation: _______________________________________________________________________

Rationale: ___________________________________________________________________________
____________________________________________________________________________________

Accommodation: _______________________________________________________________________

Rationale: ___________________________________________________________________________
____________________________________________________________________________________

Accommodation: _______________________________________________________________________

Rationale: ___________________________________________________________________________
____________________________________________________________________________________

Please submit supporting documentation with this request form. Additional documentation should be provided if possible to support the appeal – documentation should include a rationale for the need for the accommodations. Appeal requests are generally more effective if they include 1) a reason for appeal, and 2) additional documentation beyond what was included with the original request.

FAX accommodation requests to: 1-202-464-4894

Questions? Email us: accommodations@ged.com