



GED Testing Service® Accommodation (Reasonable Adjustment) Extension Form

Accommodation (reasonable adjustment) approvals are automatically valid for 1 year from the date of approval. At any time after that, if you decide to take test with the same accommodations for which you were previously approved, you have the option of requesting an extension of your accommodations approval. In this case, you will need to obtain an extension of your accommodations approval in order to receive testing accommodations for future test administrations.

If your documentation is no longer current (according to the *Documentation Guidelines* for your disability type), you still have the option of submitting it, and disability experts will review your materials. However, it is possible that your request will not be approved until you can provide us with current documentation of your disability and evidence of its current impact on your ability to take the exam under standard conditions.

To request an accommodations approval extension, please follow these steps:

1. Complete this Form and fax it to: **1-202-464-4894**
2. Provide documentation related to your disability and any newer materials that document the current impact of your condition.

After you have completed these steps, you will be informed of the extension decision, usually within 10 business days. If you have questions, please email accommodations@ged.com.

Candidate Information

First Name: _____ Last Name: _____

ID Number: _____ Date of Birth: ____ / ____ / ____ Age: ____

Address: _____

City: _____ State/Province/Territory: _____ ZIP/Postal Code: _____

Phone Number: (____) ____ — ____ Email: _____

Request for Accommodation Extension Information

When were you previously approved for testing accommodations? _____
(month/year)

What is the disability for which you need accommodations? _____

I am requesting an extension of approval status for the following testing accommodation(s):

Accommodation: _____

Accommodation: _____

Accommodation: _____

Accommodation: _____

Accommodation: _____

Has your condition changed significantly since you were previously approved for testing accommodations? _____

If yes, please explain: _____

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: _____