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If your documentation is no longer current (according to the Documentation Guidelines for your disability type), you still have the option of submitting it, and disability experts will review your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.

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**Candidate Information**

First Name: _____________________________ Last Name: ____________________________________________________________________________

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

Address: _____________________________________________________________________________

City: _____________________________ State/Province/Territory: ________ ZIP/Postal Code: ________

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

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**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: ____