

Candidates with disabilities (such as those covered by the Americans with Disabilities Act) may use this form to submit a request for special accommodation during testing. The Candidate must complete Section 1 and have an appropriate licensed professional complete Section 2 in order for their accommodations request to be processed. The form must be submitted at least two (2) weeks in advance of a scheduled Exam reservation. Log in with your LFID to trainingsupport.linuxfoundation.org and submit the form.

Section 1: Candidate Information

This section is to be completed and signed by the Candidate taking the Exam.

First Name _____ Linux Foundation ID: _____
 Last Name _____ Exam Code (LFCS or LFCE): _____
 Email _____ Date and Time of Exam Reservation: _____

I would like to request the following testing accommodation(s):

- Allowance for screen magnification Other (please specify): _____
 Screen reader (text to voice) _____
 Extended testing time (time and a half) _____

Statement of Declaration

I hereby declare that the information given by me in this application is true and accurate.

name _____ date _____
 signature _____

Section 2: Professional Documentation

This section is to be completed and signed by a licensed health care provider or an educational / testing professional.

I have known _____ since _____
 (Name of Candidate) (Date)
 in my capacity as a(n) _____
 (Professional Title) (Board Certification)

The Candidate named in this form discussed with me the nature of the test being administered. It is my opinion that because of the Candidate's disability described below, he/she should be accommodated by providing the special arrangements requested by Candidate in section above.

Comments on Disability (include the nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability, and the specific testing accommodations):

Signature: _____ License # (if applicable): _____
 Name: _____ Title: _____
 Date: _____ Organization: _____
 Email: _____ Phone: _____