Linux Foundation Certification Program Test Accommodation Request Form

LINUX FOUNDATION

Candidates with disabilities (such as those covered by the Americans with Disabilities Act) may use this form to submit a request for accommodations 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 before you plan to take an exam. 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: _____

Last Name: _____

Email: _____

Linux Foundation ID: _____

Exam Code (LFCS, CKA, etc.): _____

Phone Number: _____

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

☐ Allowance for screen magnification

☐ Screen reader (text to voice)

☐ Extended testing time (time and a half)

☐ Other (please specify): _____

_____

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 test accommodations 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: _____

Name: _____

Date: _____

Email: _____

License # (if applicable): _____

Title: _____

Organization: _____

Phone: _____