# Request for Testing Accommodations for Standardized/High-stakes Exams

**IMPORTANT:** Learning Services requires **at least two (2) weeks** to fulfill your request.
Please fill out the information below and **attach the testing agency's written requirements**.

*All fields are required.*

Today's Date: _____     Student ID #: _____

Name: _____     Phone: _____
       *(Last)*           *(First)*         *(MI)*

Email: _____

Maiden Name or Other Name Used: _____

Standardized Exam/High-stakes Test (*e.g. GRE*): _____

Requested Accommodations (*e.g. extended time, scribe*): _____

Date Documentation is needed by Agency (if applicable): _____

**Release Statement:**
I, the undersigned, authorize Napa Valley College's Disability Support Programs & Services (DSPS) the release of my personal records regarding my services and accommodations to appropriate personnel, agencies, or institutions listed below. I understand that release of information is contingent upon compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 or other pertinent laws, regulations, or policies.

**Student Signature:** _____     **Date:** _____

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**If you are requesting your disability information be released directly to a testing agency, please fill out the testing agency's information below.** (*NOTE: We cannot release third-party information, i.e., documentation of disability not completed at Napa Valley College.*)
**I authorize Learning Services to release my information to the following agency:**

_____
*(Agency Name)*

_____
*(Street Address)*

_____
*(City, State, Zip)*

_____    _____    _____
*(Phone Number)*                 *(Fax Number)*                 *(Email)*

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Preferred method of notification:

Student pick up ____     Email to student ____     Mail to agency ____     Email to agency ____     Fax to agency ____