



EXAM ACCOMMODATIONS REQUEST FORM

Scaled Agile is committed to providing reasonable and appropriate testing accommodations for all individuals. Please complete all information requested below -- all sections must be completed or the form will be returned to you. Scaled Agile will review your documentation and contact you if any additional information is required. **This completed document will be kept confidential.**

Date of Request*: _____

First Name / Last Name: _____

e-mail: _____

City / State / Region: _____

Country: _____

Phone Number: _____

Exam: _____

SPECIAL ACCOMODATIONS REQUEST

Specific accommodation request: _____

(Please be specific – e.g. if requesting exam time extension, how long?)

Name of disability for accommodation request: _____

How disability impacts testing: _____

Date requested by*: _____

Supporting documentation**: _____

*This document should be submitted at least 10 days prior to the preferred testing date.

**Supporting documentation must be attached to this form. For a list of approved documentation, please download the American Disabilities Act accommodations .pdf file (See "Documentation") at: https://www.ada.gov/regs2014/testing_accommodations.pdf. All supporting documentation must include the qualified professional's signature and date.

Please return this request form and supporting documentation to Scaled Agile at: support@scaledagile.com; or mail to Scaled Agile, Inc. Attn: Certification Program Manager
5480 Valmont Road Boulder, CO 80301