

## APPEAL FORM

You may appeal an accommodation decision if any or all of your requested accommodations were not approved. Complete the information below and sign the release statement at the end of the section. **Appeal requests are generally more effective if they include 1) a reason for appeal, and 2) additional documentation beyond what was included with the original request.**

### SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION

For which test are you requesting accommodations?

\_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Additional person(s) you permit Pearson VUE 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: \_\_\_\_\_



### SECTION 3: REQUESTED ACCOMMODATIONS

Please indicate what accommodations you are requesting, and provide a rationale for each:

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

**Accommodations requests must be FAXED to: 1-610-617-9397**

**Questions? Email us: [accommodationspearsonvue@pearson.com](mailto:accommodationspearsonvue@pearson.com)**