

TEST ACCOMMODATION(S) REQUEST

This form may be completed online and printed. Please read the *ADA Test Accommodation(s) Guidelines*, incorporated by reference, and CASp examination candidates, please also read, *the CASp Examination, Certification, and Practice Standards Handbook*, incorporated by reference, before completing this form. All items are required.

CONTACT INFORMATION

Name (Last)	(First)
Email	

EXAMINATION INFORMATION

Exam Date	Exam Location (City)
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ACCOMMODATION(S) REQUEST AND DOCUMENTATION

Accommodation(s) Request		
What is your disability status?	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary

Documentation

If this is your first accommodation request with DSA, your accommodation needs or disability status has changed, or it has been more than one year since DSA provided the accommodation for your temporary disability, then the following documentation is required:

- What accommodation(s) appropriate to the disability are you requesting?
- Document your need for an accommodation as completely as possible by writing a personal statement describing your disability and its impact on your ability to take the exam under standard conditions:
- Enclose documentation that complies with the requirements in the *ADA Test Accommodation(s) Guidelines*.

Note: Requests will not be considered if required documentation is not provided

ACKNOWLEDGEMENT

The signature must be a wet signature. Forms with electronic signatures will be returned.

I certify under penalty of perjury and under the laws of the State of California that the information on this form is true and complete to the best of my knowledge. I acknowledge that any false incomplete, or incorrect statements may result in my disqualification from the certification process or denial of my request for accommodation in taking the examination.

APPLICANT SIGNATURE: _____ DATE: _____

TEST ACCOMMODATION(S) REQUEST

SUBMISSION

Submit this form and required documentation to the respective DSA examination unit:

CASp Examination or Project Inspector Examination
Division of the State Architect
1102 Q Street, Suite 5100
Sacramento, CA 95811

Department of General Services Privacy Notice on Collection

Collection and Use of Personal Information. The Department of General Services (DGS), Division of the State Architect (DSA) collects the information requested on this form as authorized by Title 2 of the Americans with Disabilities Act for the administration of the programs authorized by Government Code Section 4459.5 and Education Code Section 17311. DSA uses this information for the purpose of fulfilling requests for testing accommodations. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. DGS's general privacy policy is available at www.dgs.ca.gov/Privacy.

Providing Personal Information. All the personal information requested in the form is mandatory unless otherwise noted. Failure to provide all the necessary information will result in delay or denial of the test accommodation approval and facilitation. Please do not provide personal information that is not requested.

Access to Your Information. You may review the records maintained by DSA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to fulfil the test accommodation request, we may need to share the information you give us with a third-party vendor, including an examination proctor, whose services are needed in order to provide the test accommodation. The information you provide may also be disclosed when required by law.

Contact Information. For questions about this notice or access to your records, you may contact Records Coordinator at DSA at (916) 445-8100 or by mail at:

Department of General Services, Division of the State Architect
Records Coordinator
1102 Q Street, Suite 5100, Sacramento, CA 95811