GED Testing Service® Accommodation (Reasonable Adjustment) Appeal Form

You may appeal an accommodation (reasonable adjustment) 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:

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 GED Testing Service® 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 2: REASON FOR APPEAL

Please explain your reason(s) for appealing the denied accommodation(s). You may attach an additional sheet if necessary:

Please submit this completed form and any additional documentation you can provide to support this appeal.

SECTION 3: REQUESTED ACCOMMODATIONS:

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

Accommodation 1: _____

Rationale 1: _____

_____

Accommodation 2: _____

Rationale 2: _____

_____

Accommodation 3: _____

Rationale 3: _____

_____

Accommodation 4: _____

Rationale 4: _____

_____

Accommodation 5: _____

Rationale 5: _____

_____

Please submit supporting documentation with this request form. Additional documentation should be provided if possible, to support the appeal – documentation should include a rationale for the need for the accommodations. **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.**

FAX accommodation requests to: 1-202-464-4894

Questions? Email us: accommodations@ged.com