

APPEAL FORM

You may appeal an accommodations 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

Complete all information. Make sure that all sections are complete before you submit the form.

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 discuss/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 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 a copy of your original request for accommodations, the original documentation submitted, 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: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

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

Questions? Email us: accommodationspearsonvue@pearson.com