CERTIFIED PARALEGAL EXAMINATION
REQUEST FOR ACCOMMODATION

Please complete the following information. In a separate letter please describe your specific disability, when and how it was first identified, and the accommodations you are requesting because of it. Mail the letter, the completed form, and the requested documentation to the NALA Certifying Board at the address listed above.

I. REQUEST FOR ACCOMMODATION:

A. Do you require any form of reasonable accommodation in order to take the Certified Paralegal examination?
   - Yes
   - No

B. If yes, please state the reason for the need:

II. PAST ACCOMMODATIONS MADE FOR THE REASONS SET FORTH IN SECTION I:

A. High School
   - Were you in a special school or program
   - Did you receive special accommodations for classroom tests?
   - Did you generally receive extra time for classroom tests?

B. Did you receive special accommodations for taking the SAT or ACT examinations for admission to college?

C. Did you use disabled student services?
   - Did you generally receive extra time for exams?

D. Have you received any special accommodations for any other professional examinations?
If yes, what accommodations were provided? (Check all that apply)

Formats:  ❑ Braille  ❑ Tape  ❑ Large print

Help:  ❑ Reader  ❑ Recorder  ❑ Sign language interpreter
       ❑ Extra breaks/rest period  ❑ Extra testing time

❑ Other. Please describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please include documentation of special services and testing accommodations you have received in other examination situations because of your disability.

III. ACCOMMODATIONS REQUESTED FOR THE CERTIFIED PARALEGAL EXAMINATION (Check all that apply):

Formats:  ❑ Braille  ❑ Tape  ❑ Large print

Help:  ❑ Reader  ❑ Recorder  ❑ Sign language interpreter
       ❑ Extra breaks/rest period  ❑ Extra testing time

❑ Other. Please describe:

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IV. I hereby declare under penalty of perjury that the above and foregoing is true and correct. Falsification of any of the above information will result in disqualification.

Signature

Print Name

Address

City, State, ZIP