



## Request for Extension of Previous GED® Test Accommodations Approval

### Request for Extension Instructions

Accommodations approvals are automatically valid for 1 year from the date of approval. At any time after that, if you decide to take the GED® test with the same accommodations for which you were previously approved, you have the option of requesting an extension of your accommodations approval. In this case, you will need to obtain an extension of your accommodations approval in order to receive testing accommodations for future GED® test administrations.

If your documentation is no longer current (according to the *Documentation Guidelines* for your disability type), you still have the option of submitting it, and disability experts will review your materials. However, it is possible that your request will not be approved until you can provide us with current documentation of your disability and evidence of its current impact on your ability to take the GED® test under standard conditions.

To request an accommodations approval extension, please follow these steps:

1. Complete this Form and give it to the Chief Examiner at your GED® testing center.
2. Provide the Chief Examiner with all documentation related to your disability, including documentation that you may have submitted previously, as well as any newer materials that document the current impact of your condition.
3. Review your documentation with the Chief Examiner at your GED® testing.

After you have completed these steps, you will be informed of the extension decision, usually within 30 days.

### Section 1: To be completed by the GED® Test-Taker

Complete all information and sign the release statement at the end of the section, then submit the form to the Chief Examiner at the testing center where you plan to take the GED® test. The Chief Examiner will review the form and your documentation and let you know if additional information is required.

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

\_\_\_\_\_

Social Security/Social Insurance Number: \_\_\_\_\_

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

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

When were you previously approved for GED® test accommodations? \_\_\_\_\_ (month/year)

What is the disability for which you need accommodations on the GED® test?

\_\_\_\_\_  
\_\_\_\_\_

I am requesting an extension of approval status for the following testing accommodation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your condition changed significantly since you were previously approved for GED® test accommodations? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release of Information:** I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to GED Testing Service® and its designees in connection with my request for testing accommodations. If you are under 18, a parent or guardian must also sign.

Test-Taker's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name (under 18) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section 2: To be completed by the GED® Chief Examiner

Please review the form to be certain that all sections are complete and that all supporting documentation is included. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED® Administrator.

Chief Examiner Name: \_\_\_\_\_ 10-Digit Center ID #: \_\_\_\_\_

Center Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

I have reviewed this request form. The request form is complete and all required documentation is attached.

GED® Chief Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_