



REQUEST FOR TESTING ACCOMMODATIONS APPEAL

To be completed by Chief Examiner.
[] []
Test-Taker's Last 4 SSN/SIN

SECTION ONE: TO BE COMPLETED BY THE GED® TEST-TAKER

You may appeal the 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. After Sections 1 and 3 are complete, submit this form to the Chief Examiner at the testing center where you submitted your original request. The Chief Examiner will review the form and your documentation and let you know if additional information is required. **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.**

Test-Taker Name: _____

**Social Security/
Social Insurance Number:** _____ **Date of Birth:** _____ **Age:** _____
MM DD YYYY

Address:

STREET (NUMBER AND NAME) APARTMENT NUMBER PO BOX
CITY STATE/PROVINCE/TERRITORY ZIP/POSTAL CODE

Phone Number: _____
AREA CODE

E-mail Address: _____

TYPE OF DISABILITY:

- Learning and Other Cognitive Disabilities
- Emotional/Psychological/Psychiatric Disability
- Attention-Deficit/Hyperactivity Disorder
- Physical/Chronic Health Disability

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.

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 (if under 18): _____

Signature: _____ **Date:** _____

GED® is a registered trademark of the American Council on Education and may not be used or reproduced without express written permission.



REQUEST FOR TESTING ACCOMMODATIONS APPEAL

To be completed by Chief Examiner.
[] []
Test-Taker's Last 4 SSN/SIN

SECTION TWO: 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 test-taker's appeal request. Sign and date the form before sending it to your GED® Administrator.

Chief Examiner Name: _____

Center Name: _____

Center ID:

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

10-DIGIT NUMBER

Phone Number: _____

AREA CODE

Fax Number: _____

AREA CODE

E-mail Address: _____

Original request submitted to the GED® Administrator on _____

Original response received on _____

I have reviewed this appeal form. The form is complete and all required documentation, including the original request, is attached.

GED® Chief Examiner's Signature: _____

Date: _____

SECTION THREE: TO BE COMPLETED BY THE PROFESSIONAL DIAGNOSTICIAN OR ADVOCATE

Supporting documentation must be attached to this request form. Additional documentation should be provided if possible to support the appeal – documentation must include a rationale for the denied accommodation(s). 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.

Name of Diagnosing Professional: _____

Highest Degree and Area of Specialization: _____

License Number: _____

Expiration Date: _____

Issuing State/Province/Territory: _____

Phone Number: _____

AREA CODE

E-mail Address: _____

Diagnosing Professional's Signature: _____

Date: _____

GED® is a registered trademark of the American Council on Education and may not be used or reproduced without express written permission.



REQUEST FOR TESTING ACCOMMODATIONS APPEAL

To be completed by Chief Examiner.

Test-Taker's Last 4 SSN/SIN

SECTION THREE (CONTINUED): TO BE COMPLETED BY THE PROFESSIONAL DIAGNOSTICIAN OR ADVOCATE

An Advocate is someone other than the professional diagnostician, like a teacher, nurse, or therapist, who helps the test-taker complete the forms. If you are the Advocate, transfer the above information from the documentation and provide your information below.

Name of Advocate: _____

Relationship to Test-Taker: _____

Phone Number: _____
AREA CODE

E-mail Address: _____

Advocate's Signature: _____ **Date:** _____

SECTION FOUR: TO BE COMPLETED BY GED® ADMINISTRATOR

Please review the form to be certain that all sections are complete and that all supporting documentation is included. Please forward this appeal form and all supporting documentation to GED Testing Service for review.

GED® Administrator's Signature: _____ **Date:** _____

Phone Number: _____
AREA CODE

E-mail Address: _____

