



**Doña Ana County  
Testing/Interview Accommodation Request Form**

The information requested below and any documentation regarding your disability and your need for an accommodation in testing/interviewing will be considered strictly confidential.

Please Print

Applicant Name:	Date of Request:
Address:	Telephone #:
Position Applied For:	
Accommodation(s) requested for the _____ examination/interview.  Check all that apply: <input type="checkbox"/> Accessible testing/interview site <input type="checkbox"/> Braille <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> Reader <input type="checkbox"/> Scribe <input type="checkbox"/> ASL Sign Language Interpreter <input type="checkbox"/> Extended Time <input type="checkbox"/> Time-and-a-half <input type="checkbox"/> Double time <input type="checkbox"/> More than double time (Specify): _____ <input type="checkbox"/> Separate testing area <input type="checkbox"/> Use of a computer or other adaptive equipment (Specify): _____ _____	
Signature of Applicant	Date
Signature of Human Resources Staff	Date
Additional Comments:	

**Some accommodation requests will require documentation of disability. See the next page of this form.**

Information on this form shall be confidential with exceptions according to the Rehabilitation Act of 1973, Section 504, Subd. 84.14, and the Americans with Disabilities Act of 1990, Subd. P.L. 101-336, Sec 102 C.

