



Accommodation Request Form

The purpose of this form is to request a change in exam administration procedures for examinees with special needs or an examinee that requires an interpreter in order to take the exam. Please provide ten business days notice prior to exam date.

Please type or print the information requested below, then forward this application to us once via e-mail, fax, or postal service. Incomplete requests will not be processed. Please allow three business days for processing.

This form is to be completed and submitted by a ServSafe International™ Instructor, Exam Proctor or organization administering the exam. Forms submitted directly by examinee will not be processed.

Email: ServSafeInternational@restaurant.org

Please put the words "International Exam Accommodation" in the subject line.

Section I. Reason For Accommodation. Read the description then indicate why in the space provided.

DISABILITY

YES or NO

Documentation required for accommodation:

Submit an official report that meets the following criteria for documenting the disability.

Report must be written by a professional appropriately qualified for evaluating the disability on his or her letterhead, including:

- Credentials
- Title
- Telephone number
- Signature

Report must include:

- Examinee's name
- Date of birth
- Date of diagnosis or evaluation

INTERPRETER NEEDED

YES or NO

Documentation required for interpreter:

Credentials of the interpreter on letterhead, with a copy of his or her business card.

Interpreter requirements:

- The interpreter must be fluent in the examinee's native language and in the same language of the exam.
- The interpreter may have no personal or business relationship with the examinee.
- The interpreter may not provide subjective opinions or provide clues to exam answers.



Section II. Examinee Information

Examinee Name

Reason for Accommodation Request (Use separate sheets if needed)

Type of assistance needed

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone Number (Including Country Code)

Section III. Instructor/Proctor/Organization Information

Date Request Sent (DD/MM/YY)

Date of Exam (DD/MM/YY)

Organization Name and Address

Contact E-mail Address

Proctor Name and Registration Number

Contact Name (If different from the Proctor)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Proctor Phone Number (Including Country Code)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Phone Number (Including Country Code)

Internal Use Only

Date Received

Date Documentation Received

Reviewed By

Date Reviewed

Approved

YES or NO

Type of Accommodation

Not Approved

YES or NO

Reason Approval Denied