

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA BOARD OF BARBER EXAMINERS

221 W. Capitol Ave., Suite 101, Pierre SD 57501
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FORM C

BARBER SCHOOL STATEMENT REGARDING TESTING ACCOMMODATIONS

Applicant Name : _____

The above named applicant received special testing accommodations during the administration of exams at this school for the following disability: _____

During the following periods:

The special testing accommodations provided are described as follows:

SIGNATURE

DATE

Title: _____

School: _____

Tel: (_____) _____ - _____