

FORM C  
BEAUTY SCHOOL STATEMENT  
REGARDING TESTING ACCOMMODATIONS GRANTED

Applicant Name: \_\_\_\_\_

The above named applicant received special testing accommodations during the administration of exams at this school for the following disability (s): \_\_\_\_\_

during the following periods: \_\_\_\_\_

The special testing accommodations provided are described as follows:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Beauty School

\_\_\_\_\_  
Telephone #