

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA COSMETOLOGY COMMISSION
217 W. Missouri Ave., Pierre, SD 57501
Tel: 605.773.6193 Fax: 605.773.7175 cosmetology.sd.gov

FORM C
BEAUTY SCHOOL STATEMENT
REGARDING TESTING ACCOMMODATIONS GRANTED

(To be completed by **all applicants** who request reasonable testing accommodations)

NOTE: Applicants are responsible for the completeness and accuracy of the information provided. If you are requesting a reasonable testing accommodation, the following forms must be completed and returned with your application.

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: _____ Beauty School: _____

Phone Number: _____

Fill, print, sign, and mail or email to the address above.