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: (______) _______ - _________