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 #