



## Exam Accommodation Request Form

If you require an accommodation for your IFSE exam, you must complete and email this form along with supporting medical documentation to ifse@ifse.ca. We strongly recommend that you protect your information by securing these documents (e.g. encrypt or password protect) when you email them to us.

**IMPORTANT NOTE:** *Medical documentation from a licensed medical practitioner must be signed and dated. The documentation must indicate whether the medical condition or disability is temporary or permanent and include a recommendation for the type of accommodation needed. Please submit your request for exam accommodations at least 30 calendar days prior to your desired exam date.*

Please review our privacy policy on our website to understand how your personal data will be used.

**(Please indicate your name exactly as it appears on your ID.)**

First Name: Middle Name: Last Name:

Student Number: Email: Phone:

Exam Date: Exam Language: English  
French

### ACCOMMODATION(S) FOR EXAMINATION (check all that apply):

Separate Room: Reader: Additional Time (please specify the time needed):

Other Needs (please specify):

Comments:

Signature:

Date: