



9.  Check here if you are requesting an alternate test date because you are unable to take a test at the regularly scheduled Saturday administration due to your religious practices. You must enclose a signed letter from a member of the clergy, written on that person's professional letterhead, stating that your religious practices prohibit Saturday testing. (Proceed to section 14 of this form if an alternate test date is your only request.)

10. Identify the disability for which you require alternative testing arrangements.

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11. List the specific alternative testing arrangement(s) that you are requesting.

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12. **Previous alternative testing arrangements** (check one of the following):

- I have not previously been granted alternative testing arrangements for the FTCE/FELE.
- I was granted for a previous administration of the FTCE/FELE the same alternative testing arrangements as I am currently requesting. (Indicate the most recent test date: \_\_\_\_\_. If within the past 3 years, you do not need to resubmit documentation this time.)
- I was granted for a previous administration of the FTCE/FELE different alternative testing arrangements from those which I am currently requesting. (Please explain and include the test date:

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### 13. Documentation

You must enclose all required documentation, on official letterhead stationery (including physician name, address, and telephone number), from a medical doctor or licensed psychologist (including license number). The documentation must meet the following criteria:

- It describes and attests to the specific disability and that the disability substantially limits one or more major life activities; test data must be interpreted and summarized.
- It is dated within the past 3 years when first presented. It will be kept on file and is valid for use by the FTCE/FELE program office for 3 years after it is received.

14. I have read the 2009 FTCE/FELE Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin and I certify that I am the person whose name and address appear on this form. I have completed my test registration and submitted correct payment. I am submitting, together with this completed Alternative Testing Arrangements Request Form for Paper-Based Testing, any required documentation as noted in the bulletin. I understand that the information I provide, including any supporting documentation, may be shared with the DOE in order to process my request. I understand that the deadline for submission of these materials is the regular registration deadline (or the registration deadline for Supplemental Administrations) and that, because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated. I understand and agree that the alternative testing arrangements I have requested herein will be given due consideration. If, and to the extent that, any such request is granted, I understand that I will be taking the test(s) under alternative conditions.

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Signature

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Date