Institutional Verification of **Documentation**



(Must be printed on official institution letterhead)

How to Complete and Submit the Form

This form may be submitted to fulfill documentation requirements for a candidate requesting select alternative testing arrangements in lieu of submitting documentation to Evaluation Systems.

Authorized institutional representatives should work with candidates to complete the following steps:

- 1. Print the form on institution letterhead
- 2. Complete each field on the form and provide your institutional representative signature
- 3. Scan the form into a document or image file format
- 4. Provide the completed document to the candidate. Submit the document electronically with the Alternative Testing Arrangements Request Form via the uploader tool on the **About Alternative Arrangements** webpage.

For assistance completing this form, please see the FTCE/FELE website for contact information.

Requirements for Processing Requests

- This form must be completed in its entirety, signed by an authorized institutional representative from the Office of Disability Services at the candidate's college or university, or signed by an authorized professional at the Department of Vocational Rehabilitation office in the candidate's state of residence, and printed on official institution letterhead.
- This form will only be accepted as supporting documentation for the alternative testing arrangements listed in section 8 of this form.

Candidate Information (as indicated by the candidate at the time of registration and as appears on the Alternative Testing Arrangements Request Form completed by the candidate):

	Candidate Name				
	Last First	Middle			
2.	Customer Number (found in your account at www.fl.nesinc.com)				
	uthorized Institutional Representative Information. This portion of the form may only be ampleted by a college/university or Vocational Rehabilitation representative as described above.				
		4. Representative Title			
3.	. Representative Name (print) 4. Representative Title				
	Representative Name (print) 4. Representative little Institution				
5.					
5.	Institution				

8.	Alternative Testing Arrangements Indicate which of the following accommodations are supported by the documentation on file at your institution and provided by your institution for the candidate. If the candidate is requesting an accommodation not listed below, documentation must be submitted directly to Evaluation Systems.					
	□ 509	% Extra time (time and one half)	☐ Screen magnification			
		n language interpreter (for communication h test center staff)	magnification greate □ Braille test format	r than 200%)*		
	*Documentation is not required for font enlargement up to 200%.					
Dod	umentation					
	Please provide the following information contained in the most recent documentation on file for the candidate named in section 1 of this form.					
9.	Name and credentials of diagnosing professional (cannot be the individual named in section 3)					
10.	Diagnosed disability or disabilities: 11. Date of the evaluation			:		
12	. Certification					
	Please review the below statements. If any of the below statements cannot be certified, please					
	submit documentation directly to Evaluation Systems in lieu of submitting this form.					
	By initialing each statement below, I certify that:					
		The documentation on file for this candida requirements described in "How do I make FELE/FTCE Program website.		Initials		
	-	The documentation on file for this candida		 Initials		
		according to the "How do I make a request Program website.	:?" on the FELE/FTCE	Muais		
	•	I understand this form may only be used for listed in section 8.	or the accommodations	Initials		
13	3. I certify that I am the person whose name appears on this form. I have printed this form on official institution letterhead. I have reviewed the "About Alternative Testing Arrangements" section of the current FTCE/FELE Program website and certify that the documentation supporting the candidate's request for accommodations referenced on this form meets the criteria described therein and is on file with the institution named on this form. I agree to produce a copy of the documentation referenced on this form for Evaluation Systems upon request as part of program monitoring and review, which may include routine audits. Evaluation Systems reserves the right to suspend the Institutional Verification of Documentation option for an institution found to be in noncompliance with associated requirements as a result of such an audit. I understand that the candidate authorizes the release of this information by submitting a completed Alternative Testing Arrangements Request Form.					
	Signat	ure	Date			