



**Disability Support Services (DSS)**  
**Student Services - Building 215, Room 111**  
**(254)526-1195; Fax (254)526-1700; Website: [www.ctcd.edu/disability-support](http://www.ctcd.edu/disability-support)**

**REQUEST FOR TSI TESTING ACCOMMODATIONS**

**Student's Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Student's Telephone Number:** \_\_\_\_\_

**Student's E-mail Address:** \_\_\_\_\_

**TSI testing accommodations being requested:** \_\_\_\_\_

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I understand that all TSI testing accommodation requests will be reviewed on a case by case basis and this request must be made **at least 4 weeks prior to the test date** to allow DSS adequate time to review my request. I further understand that I am required to submit medical documentation to substantiate my disability. I understand that the medical documentation that I am required to submit **must contain all of the following information:**

- *It must include a signed statement on an official letterhead by a qualified professional whose license/credentials are appropriate to diagnose the disability.*
- *It must include a diagnosis of the disability or disabilities for which testing accommodations are being requested and summary of tests (and test results) that were used to determine the diagnosis.*
- *It must include recommended test accommodations that are specifically related to the disability and are reasonable within the context of the TSI and rationale for the test accommodation.*

If approved, I understand my medical documentation will be kept on file for one year. Per this, for subsequent requests for testing accommodations (same testing accommodations only), I understand I will only be required to submit this form each time I wish to take the TSI. However, I understand that if I request accommodations that are different from my original request, additional medical documentation to support this request will be required. I understand that I will be notified in writing via email (address provided on this form) of any approved testing accommodations prior to the test date. I understand that no testing accommodations will be granted without proper documentation of a disability (as listed above) first being approved by the DSS office. I understand that submitting this request and providing documentation of a disability does not guarantee that my request will be approved. I understand this form must be submitted to the DSS office either in person, via fax at 254-526-1700, or emailed to the Director of DSS at [christy.shank@ctcd.edu](mailto:christy.shank@ctcd.edu)

Student's Signature & Date

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