



<i>Candidate's Information</i>	
Last name:	Email:
First name:	Telephone:
Date of Birth:	Mobile:
ID number	

I attach appropriate medical documentation translated into English. Yes No

Type of Disability:

<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Blind	<input type="checkbox"/> Hard of hearing
<input type="checkbox"/> Physical disability (describe):	<input type="checkbox"/> Low vision	<input type="checkbox"/> Other (describe):

If you have received ETS approval within the last two years for the identical accommodations being requested now, please indicate the previous test date:

Testing Accommodations Requested:

<input type="checkbox"/> Braille	<input type="checkbox"/> Large block answer sheet	<input type="checkbox"/> Reader	<input type="checkbox"/> Extended testing time (25%)
<input type="checkbox"/> Large print	<input type="checkbox"/> Wheelchair access	<input type="checkbox"/> Audio recording	

I attest to the fact that the information recorded on this form is true and if this form is not sufficient, I agree to provide HAU with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to ETS a copy of any pertinent information required to establish the need for the accommodation requested herein. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information that is necessary to process this application must be available to ETS and HAU sufficiently in advance of the test administration date to provide time to evaluate and process my request for accommodations. I acknowledge that ETS reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

I further understand that ETS reserves the right to withhold or cancel my scores if it is subsequently determined that, in ETS's judgment, any information in this application or supporting documentation is either questionable, inaccurate or used to obtain accommodations that are not necessary.

Student's Signature/

Date:

Parent's Full Name and Signature:

Signed Original submitted to the Center for Examinations and Certifications. Please make and retain a copy of this form.

Data Protection

The Hellenic American Union collects and uses personal information in order to communicate with the members of its public, to provide educational and cultural programs and services, and to improve the quality of services that it offers. The information we have requested in this form will be maintained in digital and/or physical form and used only for the purposes described above. You have the right to reasonable access to the personal information we have on you, to request a copy of this information, and to correct it if inaccurate. To find out more, contact the Hellenic American Union at privacy@hau.gr.

For Office Use Only

Date received	Documentation complete: Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, documents needed:	
Student contacted by:	Date contacted:



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