



Candidate's Information

Last name:		E-mail:	
First name:		Telephone:	
Date of Birth:		Mobile:	
Test (please check):	STYLE 1 <input type="checkbox"/> STYLE 2 <input type="checkbox"/> STYLE 3 <input type="checkbox"/> STYLE 4 <input type="checkbox"/> BCCE™ <input type="checkbox"/> ABLE B2 <input type="checkbox"/> ALCE™ <input type="checkbox"/>		

I have a certified translation into English of medical documentation. I attach the following documents:

	Yes	No
1. Completed examination application form (Ignore if registered via Orfeas.)		
2. Exam fees bank receipt (Ignore if registered via Orfeas.)		
3. Certified translation of medical documentation into English		

I request that the medical documentation is translated into English care of the HAU. I attach the following documents:

	Yes	No
1. Completed examination application form (Ignore if registered via Orfeas.)		
2. Exam fees bank receipt (Ignore if registered via Orfeas.)		
3. Translation fees bank receipt		
4. Medical documentation to be translated into English and certified		

You do not need to submit medical evidence again if:

1. You have taken the STYLE1/ STYLE 2/STYLE 3/STYLE 4/ BCCE™/ ABLE B2/ ALCE™ within the last three years under non-standard accommodations AND		
2. The state of your health has not changed since the date on which the most recent medical evidence was provided.		
If you fall into this category, please specify the test and date of administration.	Test:	
	Month/Year:	

Type of Disability (You may choose more than one. Your choice should best describe your condition.)

<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Stutter
<input type="checkbox"/> Blindness	<input type="checkbox"/> Deafness	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Motor impairment	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Autism / Asperger syndrome
<input type="checkbox"/> Temporary disability (arm fracture, etc)	<input type="checkbox"/> Psychological & Learning Disabilities (dyslexia, dysgraphia, etc)	<input type="checkbox"/> Other (Please specify.)

- The information I have provided is accurate to the best of my knowledge.
- I understand that the HAU Center for Examinations and Certifications will, if necessary, contact medical professionals to clarify the documentation and the information concerning my condition will be shared with the Hellenic American University.
- The Hellenic American University and the HAU have no obligation to adopt recommendations made by professionals; these recommendations will be taken into consideration when non-standard accommodations are decided.
- I understand that accommodations granted for the STYLE1/ STYLE 2/STYLE 3/STYLE 4/ BCCE™/ ABLE B2/ ALCE™ examinations may not be the same as those granted in other contexts (e.g. at school). The Center for Examinations and Certifications will inform me in writing about the type of non-standard accommodations granted.

Candidate's Signature/Legal Guardian's Full Name and Signature:	Date:
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Signed Original submitted to the Center for Examinations and Certifications. If you wish, you may make and retain a copy of this form.

Data Protection

The Hellenic American Union collects and uses personal information in order to securely administer language certificate examinations; to accurately communicate the results of these examinations, and; to be able to certify the validity of certificates issued to candidates in these examinations. Furthermore, it uses personal information to communicate with the members of its public; to provide information on and operate educational, certification and cultural programs and services that it conducts on its own, on behalf of, or in cooperation with other organizations, and; to inform the members of its public of educational and cultural opportunities. 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. If you would like more information on the Hellenic American Union's data protection and privacy policy, please contact the Hellenic American Union's Data Protection Officer: E: privacy@hau.gr; T: 2103680056.

For Office Use Only

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

