



# ACCOMMODATION REQUEST

This form may be completed by typing directly into the body of the PDF document.

**Candidate:** The completed and signed Accommodation Request form must be sent to TMA at least five business days before the scheduled testing date so that the appropriate approval and accommodations can be made.

**Turnaround Management Association**, Attention: Certification, 150 North Wacker Drive, Suite 1900, Chicago, Illinois 60606  
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## ACCOMMODATION REQUEST

Candidates with disabilities covered by the Americans with Disabilities Act must complete the top portion of this form and have an appropriate licensed professional provide a letter, or evidence of a prior diagnosis or accommodation, in order for the accommodation request to be processed. The form must be submitted to TMA at least five business days before the scheduled testing date so that the appropriate approval and accommodation can be made.

## CANDIDATE INFORMATION *To be completed by candidate*

First Name	Last Name	MI	Suffix	
Address		City	State	Zip
Daytime Telephone		Email		

**Exam for which accommodation is being requested:**

- Law
  Accounting/Finance
  Management

Exam Date(s)	Location
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**Note:** Each multi-line field has a maximum number of characters accepted. If you need additional space for any question, please attach a separate sheet.

**REASON FOR REQUEST:**

**TYPE OF ACCOMMODATION REQUESTED:**

## DOCUMENTATION OF A DISABILITY

Candidates requesting an accommodation for a disability must provide a letter from a physician or other professional, or provide evidence of a prior diagnosis or accommodation.