

LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Adult and Career Education

REQUEST FOR TESTING/SCREENING ACCOMMODATIONS

Students with verifiable disabilities may apply for an accommodation during the testing/screening process of a Division of Adult and Career Education program. Large print for visually impaired students or an interpreter for the deaf are examples of accommodations. Verification of disability status must accompany this request.

DATE: _____
PROGRAM APPLIED FOR: _____
SCHOOL: _____

I AM APPLYING FOR THE FOLLOWING ACCOMMODATIONS: _____

NAME: _____
HOME ADDRESS: _____
TELEPHONE: (_____) _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

ACTION TAKEN: _____

DATE: _____ BY: _____

LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Adult and Career Education

CONSENT TO OBTAIN/RELEASE INFORMATION

TO: _____
Practitioner/Agency

Street City State ZIP

RE: _____
Last Name First Name

Street City State ZIP

SS No. Birthdate

I am authorizing you to obtain or release from:

Name Title

School/Office

Street City State ZIP

In order to assist us in providing disability support services or reasonable accommodations,
please be specific in providing the following information: _____

Regulations state that all information that you supply for maintenance files are subject to inspection by student/consumer.

This authorization shall be valid until termination of the school program.

I request a copy of this authorization. Yes No _____

Initials

Signed: _____

Date: _____