

HiSET[®] TESTING ACCOMMODATIONS REQUEST FORM

Part I — Applicant Information

Instructions: Complete this entire form. Be sure to sign the Applicant's Verification Statement on the next page.

Applicant's Name (please print—leave one blank box between names)

Last	First	M.I.

Street Address

--

City	State	Zip Code

Gender	Date of Birth	Social Security Number
Female <input type="checkbox"/> Male <input type="checkbox"/>	MM <input type="checkbox"/> DD <input type="checkbox"/> YY <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>

Day Phone Number

--

Evening Phone Number

--

Fax Number

--

Email Address

--

I would prefer that ETS communicate with me via: Email Mail

Test(s) I am applying for: All 5 tests Reading Language Arts Math
 Science Social Studies

I would like to test in (check one): English Spanish

Nature of your disability (check all that apply):

- | | | |
|--|--|------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Deaf | <input type="checkbox"/> ASD |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> TBI |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Psychiatric/Psychological (describe): _____ | |
| <input type="checkbox"/> Low Vision | <input type="checkbox"/> Intellectual Disability (formerly known as cognitive impairment and MR) | |
| <input type="checkbox"/> Physical disability (describe): _____ | | |
| <input type="checkbox"/> Other (e.g., health-related): _____ | | |

When was your disability first diagnosed? ____/____/____ Date of professional's most recent evaluation: ____/____/____
Month Year Month Year

Did you receive accommodations while in high school? Yes If yes, list below No

How do you compensate for your disability? (e.g., technology, medication). _____

(continued on next page)

HiSET® TESTING ACCOMMODATIONS REQUEST FORM
Part I — Applicant Information (*continued*)

Applicant's Name: _____
(please print) Last First M.I.

Verification Statement to Be Signed by Applicant

I confirm that the information on this application is true. I agree to provide ETS with any additional information to evaluate my request for accommodations. I also give permission to my evaluator to release to ETS a copy of any information required to determine the need for the accommodation(s) I have requested. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information necessary to process this application must be available to ETS at least 45 days in advance of the test date to provide time to evaluate and process my request for accommodations. I agree that ETS has the right to make the final decision as to whether any requested accommodation is needed and appropriate.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will I be identified by name in research studies, and that the information will be protected by the terms of ETS's Confidentiality of Data Policy.

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

- I acknowledge that I have read and fully understand the Privacy Policy contained in this form and agree to comply with the guidelines contained in the policy.
- I acknowledge that I have read and fully understand the Privacy Policy contained in this form and do not agree to comply with the guidelines contained in the policy.

Signature of Applicant

Date

If you are under 18 years of age, signature of parent or guardian is required.

Parent or Guardian's Name (please print)

Signature of Parent or Guardian

Date

HiSET® TESTING ACCOMMODATIONS REQUEST FORM

Part II — Testing Accommodations Requested

Applicant's Name: _____
(please print) Last First M.I.

REQUESTED ACCOMMODATIONS (Check all that apply)

Accommodations for Computer-delivered Tests

- Screen magnification
- Selectable background and foreground colors
- Screen Reader
- Refreshable Braille

Accommodations for Paper-delivered Tests

- Large print test book (larger than 14 point)
- Large print answer sheet (larger than 14 point)

Alternate Test Formats

- Braille
- Recorded audio with tactile figure supplement*
- Recorded audio with large-print figure supplement*
- Recorded audio

Assistance

- Scribe
- Braille slate and stylus (for note taking only)*
- Perkins braille (for note taking only)*
- Sign language interpreter (for spoken directions only)**
- Oral interpreter (for spoken directions only)**
- Printed copy of spoken directions (for paper-based tests only)

Extended Testing Time (NOTE: All tests are timed.)

- 25 percent (time and one-quarter) 50 percent (time and one-half) 100 percent (double time)

Extra Breaks

- Yes

Other Accommodations Requested (describe). (For example, separate room, food or drink for medical purposes)

*Only applicants who are blind or have low vision
** Only applicants who are deaf or hard-of-hearing

If you received approval for the same accommodations from GED Testing Service within the last year please submit a copy of that approval letter with this request.

HiSET[®] TESTING ACCOMMODATIONS REQUEST FORM

Part III — Documentation Requirements

Instructions for Part III: The test taker and/or their advocate should complete Part III. Please submit the primary documentation and any additional documents you wish to include for each of your diagnosed disabilities. Check each document that is being submitted.

To view full documentation requirements visit www.ets.org/disabilities.

ADD/ADHD:

Primary Documentation – Current within 3 years

Submit one

- Psychological report current
- Psycho-educational report
- Neuropsychological report

Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Psychological, psycho-educational or neuropsychological report (over 3 years)
- Report from psychiatrist
- Letter from rehab counselor or case manager
- Your personal Statement
- Other _____

Autism Spectrum Disorder:

Primary Documentation – Current within 5 years

Submit one

- Psychological report
- Psycho-educational report
- Neuropsychological report

Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Psychological, psycho-educational or neuropsychological report (over 5 years)
- Report from other professional (psychiatrist, speech/language therapist, occupational therapist, developmental pediatrician, or neurologist)
- Letter from rehab counselor or case manager
- Your personal statement
- Other _____

Blind or Low Vision:

Primary Documentation – Current within 2 years

Submit both

- Report from eye-care professional
- Your -personal statement

Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Letter from rehab counselor or case manager
- Other _____

HiSET® TESTING ACCOMMODATIONS REQUEST FORM

Part III — Documentation Requirements (continued)

Deaf or Hard of Hearing:

Primary Documentation – Current within 2 years

Submit both

- Audiogram or audiometric report
- Your personal statement

Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Letter from rehab counselor or case manager
- Other _____

Intellectual Disability:

Primary Documentation – Current within 5 years

Submit one

- Psychological report
- Psycho-educational report
- Neuropsychological report

Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Psychological, psycho-educational or neuropsychological report (over 5 years)
- Letter from rehab counselor or case manager
- Your personal statement
- Other _____

Learning Disability:

Primary Documentation – Current within 5 years

Submit one

- Psychological report
- Psycho-educational report
- Neuropsychological report

Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Psychological, psycho-educational or neuropsychological report (over 5 years)
- Letter from rehab counselor or case manager
- Your personal statement
- Other _____

Physical Disability or Health-Related Need:

Primary Documentation – Current within 6 months

Submit both

- Letter from medical doctor
- Your personal statement

Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Letter from rehab counselor or case manager
- Other _____

HiSET® TESTING ACCOMMODATIONS REQUEST FORM
Part III — Documentation Requirements (continued)

Psychiatric or Psychological Disability:

Primary Documentation – Current within 6 months

Submit one

- Psychological report
- Report from psychiatrist

Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Letter from rehab counselor or case manager
- Your personal statement
- Other _____

Traumatic Brain Injury:

Primary Documentation – Current within 6 months

Submit one

- Neuropsychological report

Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Letter from medical doctor or neurologist
- Letter from rehab counselor or case manager
- Your personal statement
- Other _____

Keep a copy of this completed form for your records.

HiSET® TESTING ACCOMMODATIONS REQUEST FORM

Part IV — Privacy Policy

ACKNOWLEDGMENT

This Acknowledgment, including the Privacy Notice at www.ets.org/legal/privacy, contains the terms and conditions between you and Educational Testing Service (“ETS,” “we,” “us,” “our”) regarding the ETS test you are now registering for and/or the testing products and services you are now requesting (these are together referred to as “Testing Services”). It applies to all actions you take regarding the Testing Services, including creating an online account, providing survey information regarding a test that you take, requesting one of our services relating to the test and completing a test or product order and providing payment information.

- Personal Information

In registering for the Testing Services, you acknowledge and agree that we have the right to obtain, collect, store, use, disclose (including to public authorities and score recipients), extract and transmit (collectively “use”) the personal information you provide, including your full name, home address, email address, telephone number, social security or similar number, passport number, national ID number, gender, nationality, age, date of birth, responses to other background information questions, test administration date and details, payment information and how you specifically use our Website. This also includes our use of biometric data (including fingerprints, audio recordings, facial images and video files) provided by you in the course of your registering for and participating in the Testing Services. All of the above data is referred to as “Personal Information”. Which Personal Information we hold, how we use it and how long we hold it for may be subject to legal limitations in the jurisdiction in which you receive the Testing Services. ETS strives to meet these legal requirements, and further information on how we do so is provided below.

- How We Use Your Personal Information

We use your Personal Information to:

- complete any registration, purchases or other transactions you request
- improve our products and services, and identify, develop and offer new or expanded products and services
- improve and personalize your experience on the Website, and customize the content and/or format of the pages you visit
- subject to your opting-in (see below), notify you about updates, products, services and/or special offers from ETS, its affiliates and selected third parties
- ask you to participate in brief surveys or provide other information
- generate aggregate statistical studies and conduct research ourselves or jointly with others related to our products and services and the use of our Website

If you agree (or have agreed) under other agreements with ETS that we may use your Personal Information in additional ways, those other agreements will not be limited by this separate Acknowledgment.

HiSET TESTING ACCOMMODATIONS REQUEST FORM

Part IV — Privacy Policy (continued)

- International Transfer

ETS, its Website, and its servers are located in the United States. Therefore, your information, including Personal Information, will be transferred from your location to the United States in accordance with applicable laws. It may also be transferred directly from your location or via the US to other countries who provide processing services to ETS, all at the direction of ETS and in accordance with applicable laws. In accepting this Acknowledgment, you are agreeing to cross-border transfers of your information, including your Personal Information. If you do not agree to these cross-border transfers, then you should refrain from using the Website. You may have a right under applicable law to revoke your consent to the international transfer of your Personal Information. If you do so, we are unlikely to be able to continue providing the Testing Services to you.

- Third Party Disclosure

We communicate your Personal Information to certain third parties, within the jurisdiction of your location and elsewhere, with whom we have a direct or indirect business or contract relationship in order to provide you with the Testing Services you have requested. These third parties assist with various aspects of the delivery of the Testing Services, including security services and score distribution services.

- Your Rights

In some instances, under applicable laws, you have the right to withdraw your consent and require us to delete your Personal Information should the lawful purposes for which we hold it cease. You may also request that we correct your Personal Information if it is incorrect, inaccurate, misleading or incomplete. To protect your privacy and security, we will take reasonable steps to verify your identity before granting access or making corrections.

If required under applicable laws, at your request and on satisfactory proof of identity (as determined by ETS), we will provide you (i) confirmation that we hold your Personal Information, (ii) details or a description of the Personal Information we hold in an intelligible form; (iii) information of how we came to hold the Personal Information, the purposes for which we are using it, and in some cases the methods and logic we use in processing the Personal Information; (iv) further corporate information regarding ETS and, in some circumstances, the other corporate entities who may process the Personal Information on behalf of ETS.

To request any of the above actions, please contact us at: Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org

You may also have the right under certain applicable laws to complain to a regulatory authority in your country if you believe we have not processed your Personal Information in compliance with applicable laws.

HiSET TESTING ACCOMMODATIONS REQUEST FORM

Part IV — Privacy Policy (continued)

- Further Communications

We ask you to provide your contact details, including email address, telephone and mobile phone details. We use this information so that we can quickly provide you with information (principally by way of email, telephone, SMS or other electronic means) regarding the Testing Services you have requested and to provide you with information about other testing products and services (which we will do in accordance with applicable laws). When you receive communications from us about other testing products and services, you will have the opportunity of subsequently opting-out of receiving these, and our communications will contain instructions on how to do so. Remember, however, that we may still send emails or call you in order to provide the Testing Service you have purchased or otherwise requested from us.

- Governing Law

You agree that this Acknowledgment will be governed by and construed in accordance with the laws of the United States and the State of New Jersey, without regard to principles of conflict of laws.

- Additional Information

This paragraph containing additional information is of *general application*, but it is also provided for purposes of the *EU General Data Protection Regulation* when it comes into force (to the extent the Regulation is applicable to you in the context of the Testing Services):

ETS Corporate Details (including contact details): Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org

Purpose and Legal Basis for Processing: To provide tests and testing services as requested, including processing for the administration of tests, such as marking and score reporting to test takers and nominated score recipients.

Legitimate Interests relied upon: ETS requires your Personal Information for purposes of administering educational tests and providing these tests in a secure manner so that test takers receive accurate results and test qualifications are recognized by intended score recipients.

International Transfers: Data will be transferred to data processors engaged by ETS in various jurisdictions outside of the EEA, depending on the particular Testing Services requested. These transfers are made in accordance with the acknowledgment you have given above and intercompany and third party transfer agreements, in accordance with applicable laws.

Personal Information Retention: Personal Information is generally held for 5 years from the date of its submission. This period may be extended by ETS if the score for the Testing Service you require remains valid for a longer period (which information is usually contained in your testing result information), if the Testing Service you have requested is being reviewed or if our legitimate interest in retaining your Personal Information remains in place. It also may be shorter if we no

longer require your Personal Information (for example, if you have expressed interest in a test but have not taken one). You may contact us at etsinfo@ets.org if you require further information.

Data Subject Rights: In addition to the rights described above, you may have data portability rights. For security reasons, most testing organizations will require that Personal Information be obtained directly from you and this may limit the usefulness of your data portability rights.

Supervisory Body: Please contact the national data processing authority in the jurisdiction in which you receive the Testing Services.

For Hong Kong residents only: Subject to applicable laws regarding our use of your Personal Information, we will not use your Personal Information if we do not reasonably believe that such use is in your interests. In order for us to supply you with the Testing Services, you must supply us with your Personal Information to complete any registration, purchase or other transaction you request online and/or perform any of our other contractual obligations to you which requires us to have the Personal Information.

For Australian residents only: please be informed that if you agree to the overseas disclosure of the information or transfer of your data outside of Australia, ETS and its affiliates will not be required to take reasonable steps to ensure that ETS or its affiliates' use of such data outside of Australia does not breach the Australian Privacy Principles.

For Canadian Residents only: This is the notification that ETS is required to provide to Canadian residents. Please see above regarding International Data Transfers. Where we transfer Personal Data to third parties we contractually require third parties to have written procedures in place that comply with the requirements of the applicable privacy laws in Canada.

For Singapore Residents only: In connection with the transfer of your Personal Information outside of Singapore, ETS believes that the laws of the recipient country of your Personal Information will provide a standard of protection comparable to the applicable laws of Singapore.

- **Contact Information**

If you have questions or requests concerning our use of your Personal Information, you should contact: etsinfo@ets.org.

By indicating "Accept," you expressly and voluntarily acknowledge and agree to the terms and conditions above, particularly those relating to our use of biometric data and the international transfer of Personal Information.¹

¹ If you are a minor as determined by applicable law and living outside of the United States, to the extent required by applicable law, the person clicking "Accept" must be a parent or guardian.