

Request For Reasonable Accommodation

If you are a qualified candidate seeking a reasonable accommodation under the provisions of the Americans with Disabilities Act, please complete this form and return it to EduClasses®.

Date: _____

Your name: _____

Your Address: _____

Your email: _____

Please identify the impairment(s) that you believe will affect your ability to take the examination.

Please describe the accommodation(s) you are requesting as well as any alternative.



Explain how the requested accommodation(s) will allow you to take the examination:

Are there any essential functions of the examination that you will be unable to perform or complete, with or without the requested accommodation(s)? Please explain.

Signature Date

Mail to:
EduClasses®
Attn: Food Managers Certification
1908 W Taylor St
Sherman, TX 75092

