



Religious Accommodations Request Form

If you are requesting an alternate date for religious reasons, submit this form along with supporting documentation to NCEES by the registration deadline of the exam you wish to take. Any requests received after this date will not be considered. This form and supporting documentation must be submitted each time the candidate requests to take the exam and receive an accommodation for religious convictions. The exam for approved candidates will be held *after* the regularly scheduled exam.

1. Name: _____
Last
First
Middle Initial

2. Mailing address: _____
Street

_____ City State/Province Zip Code

_____ Country Daytime Telephone Number

3. E-mail address: _____ 4. Fax number: _____

5. Social Security number: _____

6. Exam name and location: _____
Exam Name Exam Location (City, State)

7. Exam date: _____
Month and Year

8. Have you taken this exam previously? Yes No
 If yes, were you provided with special accommodations? Yes No

Supporting documentation must be on *official letterhead* from your religious organization and be *signed and dated by the cleric within the last year*. Supporting documentation must be included with your request form.

 Candidate's Signature

 Date

Return this form, appropriate fees, and supporting documentation by the deadline to:

NCEES
 Attn: Human Resources
 P.O. Box 1686
 Clemson, SC 29633-1686