

GMAC Accommodation Request Form

BACKGROUND INFORMATION

- Be sure the name you provide on this form matches the valid ID you will present on the day of the assessment.
- If you fail to present an acceptable, valid form of ID, or if your name on the ID does not match the name you provide on this form, you will be turned away from the test center. No free retakes will be permitted and no fees will be refunded.
- Insert text or use additional sheets if your information does not fit in the space provided.

Title

Mr. Mrs. Miss Ms. Dr. Other

First Name (Given Name)*

M.I.

Last Name (Family or Surname)*

Suffix

Jr. Sr. II III IV Other

Gender

Address (Number and Street)*

Address Line 2

City*

State or Province*

Postal Code

Daytime Telephone*

Evening Telephone

Email Address*

Date of Birth (mm/dd/yyyy)*

If you are a US citizen residing in the US, select your ethnic or racial identification:

<input type="checkbox"/> African American or Black	<input type="checkbox"/> Multiethnic
<input type="checkbox"/> American Indian, or other Native American	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Asian	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Latinx	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Mexican	

***Required information**

When do you plan to start a graduate management program (mm/yyyy):

Nature of your disability (check all that apply and list specific diagnoses):

- Physical
- Attention-Deficit/
Hyperactivity Disorder (ADHD)
- Learning
- Psychological
- Vision
- Deaf/Hard of Hearing
- Other

When was your disability first diagnosed?

- Less than 1 year ago
- 1-2 years ago
- 2-4 years ago
- 5 or more years ago

Date of professional's most recent evaluation? (mm/dd/yyyy)

Have you previously requested accommodations on any other standardized examinations or assessments?

- Yes
- No

Have you previously received accommodations on any other standardized examinations or assessments?

- Yes
- No

If yes, please complete the following:

Exam Date

Accommodations Received

Exam

Date

Accommodations Received

Did you receive accommodations while in college?

Yes No

If yes, what accommodations did you receive?

If you have been employed at any time since high school, did you receive accommodations from your employer because of a disability?

Yes No

If yes, please explain what accommodations you received:

If no, please explain:

Accommodation request for current assessment:

- 50% additional time
- 100% additional time
- Access to equipment (e.g., medical device)
- Other—explain below:

The following aids do not require an Accommodation Request Form:

- Eyeglasses and hearing aids
- Pillow for supporting neck, back, or injured limb
- Neck brace or collars
- Insulin pump—if attached to your body

Accommodations Rationale—Please describe how your disability affects your ability to take the exam and explain why you need each of the requested accommodations. You may attach additional pages if necessary. List your name and date of birth on each page.

Verification

I certify that all of the information on this form is true and correct. I agree to all the terms and conditions set forth in GMAC's Policies and Procedures, including related Privacy Statements. If I am submitting my request from outside the US, I also consent to the transmission of my request, including my documentation and personal health information, into the US. I further consent to the processing of my request in the US by GMAC, their service providers and external reviewers, as provided in this Supplement and the Privacy Statement exclusively for the purpose of allowing GMAC to evaluate my request for a disability accommodation for taking an Assessment or other purposes identified therein. I agree to receive communications by GMAC as described above. I certify that all of the information on this form and in the documentation I am providing is accurate, truthful, correct, and complete.

Signature

Date

If you are unable to sign this form, please have someone sign and date the form in your presence and then have that individual provide their signature below.

Signature

Date