

**SPECIAL TESTING ACCOMMODATIONS
REQUEST FORM**

Completion of this form is voluntary. This form is to be completed by applicants who feel that they may need special testing arrangements due to physical or mental disabilities. This form should be submitted for **EACH** job title for which you have concerns regarding test participation. Do **NOT** attach this form to your application. Submit it to the Employment receptionist or mail to:

**WASHOE COUNTY HUMAN RESOURCES
P. O. BOX 11130, RENO, NEVADA 89520**

NAME	APPLICANT ID NUMBER
ADDRESS	HOME PHONE NUMBER
CITY, STATE, ZIP CODE	BUSINESS/MESSAGE PHONE
JOB TITLE	DATE

Description of Disability:

Accommodation Requested:

Signature	Date
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Please list anyone who may be of assistance in providing special services

Name	Title	Phone Number
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