

(ISC)²

311 Park Place Boulevard, Suite 400
Clearwater, FL 33759

Exam Accommodation Request Form

Candidate Information

Requested Date: _____

Name (Last, First, Middle Initial) _____ Candidate ID: _____

Street Address, City, State/Province, Zip Code: _____

Primary Phone: _____ Other Phone: _____ E-mail: _____

Pearson VUE Testing Location: _____ Date Range of Exam: _____

Type of Examination

- | | | |
|--|-------------------------------|---------------------------------|
| <input type="checkbox"/> CISSP | <input type="checkbox"/> CAP | <input type="checkbox"/> HCISPP |
| <input type="checkbox"/> CISSP-ISSAP, ISSEP, ISSMP | <input type="checkbox"/> SSCP | <input type="checkbox"/> CSSLP |
| <input type="checkbox"/> CCSP | | |

Type of Request

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Additional Time | <input type="checkbox"/> Zoom Text/Reader | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Separate Room | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Other* |

*e.g. comfort aid, policy exception

Please describe nature of your request (type of information requested; provide supporting documentation related to request. Documentation must be on official letterhead).

[Note: Request for accommodation must be approved by (ISC)². Candidates must wait for confirmation of approval before scheduling an examination.] Please allow 3-5 business days for review.

In some cases, accommodations will not be available for mobile examination.

Send completed form and supporting documentation to (ISC)² Member Services at membersupport@isc2.org.