ISC2
625 N Washington Street, Suite 400
Alexandria, VA 22314

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:

- ☐ CC
- ☐ CCSP
- ☐ CGRC

- ☐ CISSP
- ☐ CISSP-ISSAP, ISSEP, ISSMP
- ☐ CSSLP

- ☐ HCISPP
- ☐ SSCP

Type of Request:

- ☐ Additional   Time
- ☐ Separate Room

- ☐ Zoom Text/Reader Medical
- ☐ Equipment

- ☐ Medication
- ☐ 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 ISC2. 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 complete form and supporting documentation to ISC2 Exam Administration at ExamAdministration@isc2.org.