

Radiation Safety Licensing Branch

REQUEST FOR DISABILITY ACCOMMODATION FOR INDUSTRIAL RADIOGRAPHY EXAMINATION

If you have a disability requiring appropriate accommodations in taking the industrial radiography examination, be sure to complete and submit this form along with the examination application. In addition, attach a statement on letterhead stationery, from a professional who is familiar with your disability, which describes the disability and the type of accommodation needed. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

1.	Specify any disability-related needs that we should be made aware of in order to provide appropriate accommodations for this examination.		
2.	Specify any prior accommodations you have received for this disability in an examination setting. If needed have a professional familiar with this disability complete this information.		
3.	If you have <u>NOT</u> had prior disability accommodations for an examination, have the appropriate professiona help you answer this question who knows your disability and the type of accommodation needed.		
Sign a	and date the bottom of this form. The professional	who helps you must also sign and date this form.	
Appli	cant's Signature	Date	
Professional's Signature		Date	

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004.)

BRC Form 255-1 Rev. 10/04