

# Sabbath Accommodations Request Form

Candidates who can not test on the regularly scheduled examination date due religious reasons, may qualify to take the examination on an alternate date. Candidates requesting an alternate date for this reason must submit this form along with supporting documentation to PCS by the application deadline.

NOTE: This form must be submitted each time the candidate requests to take the examination. The examination for approved Sabbath candidates will be held after the regularly scheduled examination. You will be notified at least ten days prior to your examination date.

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address (Street, P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Telephone Number Fax Number

Examination Name \_\_\_\_\_ Exam Month & Year \_\_\_\_\_

Exam Location \_\_\_\_\_

Have you taken this examination previously? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you provided special accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

Supporting documentation must be on official letterhead from your religious organization and be dated within the last three years. Supporting documentation must be received by your application deadline.

Supporting documentation is:  attached  currently on file with PCS (re-examinees only)

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Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form and supporting documentation by the application deadline to:**

**PCS  
ADA/Sabbath Accommodations  
P.O. Box 198689  
Nashville, TN 37219-8689  
Fax: 615-846-0153**