

**Requested date:** Enter the date this accommodation request is submitted: \_\_\_\_\_

## Candidate Information

**Candidate name:** Enter last name, first name, and middle initial:

\_\_\_\_\_

**ISC2 ID Number:** \_\_\_\_\_

**Mailing address:** Enter the candidate's full street address, city, state or province, country, and ZIP or postal code.

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City, State/Province, Country, Zip/Postal Code: \_\_\_\_\_

**Primary phone:** \_\_\_\_\_ **Other phone, if applicable:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Pearson VUE testing location:** Enter city, state or province, and country:

\_\_\_\_\_

**Preferred date range to complete exam:** Enter the requested testing date range:

\_\_\_\_\_

## Exam and Accommodation Request Details

Select one or more examinations and one or more accommodation request types. For each checkbox item, mark the box if it applies.

*Table 1. Examination options and accommodation request types.*

| Examination Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Accommodation Request Types                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Select CC examination<br><input type="checkbox"/> Select CCSP examination<br><input type="checkbox"/> Select CGRC examination<br><input type="checkbox"/> Select CISSP examination<br><input type="checkbox"/> Select CSSLP examination<br><input type="checkbox"/> Select ISSAP examination<br><input type="checkbox"/> Select ISSEP examination<br><input type="checkbox"/> Select ISSMP examination<br><input type="checkbox"/> Select SSCP examination | <input type="checkbox"/> Request additional testing time<br><input type="checkbox"/> Request permission to bring or take medication<br><input type="checkbox"/> Request a separate testing room<br><input type="checkbox"/> Request approved equipment<br><input type="checkbox"/> Request visual assistance, including read and respond support<br><input type="checkbox"/> Request other accommodation, comfort aid, or policy exception |

## Request Description and Documentation

**Request description:** Describe the accommodation requested, including how the accommodation supports access to the examination. Attach supporting documentation on official letterhead, if required.

**Submission instructions:** Send the completed form and supporting documentation to ISC2 Exam Administration at [ExamAdministration@isc2.org](mailto:ExamAdministration@isc2.org). Please allow 5 business days for review.

**Note:** Accommodation requests must be approved by ISC2 before the candidate schedules an examination.

## Accommodation Request

The candidate may use the lines below to document the accommodation request.

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

Line 3: \_\_\_\_\_

Line 4: \_\_\_\_\_

Line 5: \_\_\_\_\_

Line 6: \_\_\_\_\_