



# VERIFICATION OF ACCOMMODATIONS FOR STANDARDIZED TESTS

Disability Services and Programs  
University of Southern California  
3601 Watt Way, GFS 120  
Los Angeles, CA 90089-1692  
Phone: (213) 740-0776 / Fax: (213) 740-8216  
Email: ability@usc.edu

Rev. 04/11/16

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Grad \_\_\_\_ Alumni \_\_\_\_

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ Tel. #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_ (City) (State) (Zip Code)

Last Semester/Year Registered with DSP: \_\_\_\_\_ / \_\_\_\_\_  
(Semester) (Year)

I request verification of my registration & accommodations through Disability Services & Programs for the:

- GRE
- LSAT
- MCAT
- GMAT
- Other – Please explain special requests below

\_\_\_\_\_

\_\_\_\_\_

By signing below, I hereby give permission to the staff of Disability Services and Programs (DSP) to verify my registration and accommodations for the above requested exam(s). I have provided to DSP the appropriate forms and information along with this official request.

\_\_\_\_\_  
(Signature) (Date)

**FOR OFFICE USE ONLY**

Standardized test forms received from student (if necessary)       Student notified

Verification completed by DSP staff       Student picked up verification \_\_\_\_\_  
(Date)