

NOTE: *This letter must be on official letterhead from the school, facility, or professional's office*

Letterhead

Current Date

Nurse Aide Testing
SIU Mail Code 4340
Southern Illinois University
Carbondale, IL 62901-4340

Dear Test Coordinator:

Because of a (**state documented disability/special need**), I wish to request that a special needs exam be provided for the students listed below which will provide (**state special testing conditions requested**). He/she is eligible to take the exam and wishes to be tested on (**state desired test date**).

Name

Social Security Number

I have enclosed the student's application form, exam fee, Illinois State Police criminal background report and the verification of their learning disability in the form of an (**IEP, letter from special needs professional, medical document, etc.**) which explains the condition which prevents the above named candidate from taking a written exam. Please contact (**contact person's name**) regarding this special needs request at (**contact phone#, fax #, or e-mail address**) if you require additional information.

Sincerely yours,

(Requestor's Name)

(Requestor's Title)