BRC Form 255-1 (REV. 02/16)



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 <u>with</u> 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.

Specify any disability-related needs that we accommodations for this examination.	e should be made aware of in order to provide appropriate
Specify any prior accommodations you have have a professional familiar with this disabilit	received for this disability in an examination setting. If neede ty complete this information.
If you have <u>NOT</u> had prior disability accommo	odations for an examination, have a professional familiar wi
form must be signed and dated by both exam a bility and needed accommodations.	applicant and professional providing description of applica Date
ressional's Signature	

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.)