



Payment by credit or debit card, mail to:  
ETS—SLS  
P.O. Box 6051  
Princeton, NJ 08541-6051

**TO BE COMPLETED BY THE TEST TAKER**

I attest that the information about me provided on the Certification of Documentation form is true to the best of my knowledge. If the certification document is not sufficient for me to obtain the accommodation sought, I give permission to release to ETS a copy of any pertinent information required to establish the need for the accommodation described therein. I understand that the necessary information must be available to ETS sufficiently in advance of the test administration date to provide time to process my request and implement the requested accommodations. I further understand that ETS does not waive its right to request this documentation if necessary after the test administration date. I acknowledge that my request for this accommodation will not be processed if I alter or revise the certification document in any way after it has been completed by the appropriate official. This information will be protected by the terms of ETS’s Confidentiality of Information on *page 29* of the *SLS Bulletin*. I am taking one or more SLS tests to meet the requirements of

\_\_\_\_\_  
(Institution/State/Agency)

The score recipient code is \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Test Taker

**THE FOLLOWING SECTION MUST BE COMPLETED EACH TIME YOU REGISTER TO TEST UNDER THIS POLICY.**

I have previously submitted documentation that English is not my primary language and approved documentation is on file at ETS.

(Indicate test date for which documentation is on file: \_\_\_\_\_.)

My candidate ID number is \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Test Taker

\_\_\_\_\_  
PRINT NAME