

# Request for Reconsideration of a Unique Accommodation or Exemption Decision

## Student Personal Information (Please PRINT/TYPE)

Alberta Student Number	Student Surname (Last Name)	Student Legal First and Middle Name(s)
Name of Requester (If Not the Student)		Relationship to Student
Requester's Email Address		

### Request:

What specific accommodation or exemption decision do you wish to have reconsidered? (Attach written copy of decision.)

On what basis are you requesting that the aforementioned decision be reconsidered? What additional information or attached supporting documents do you wish to have considered? (Attach additional sheets if more space required.)

Provide a rationale for requiring an exemption from writing as opposed to alternative options, such as accommodations or deferral to an alternate administration

This request for reconsideration must be supported with official documentation not previously submitted for the purpose of rendering the original decision.

- I have attached a copy of new evidence to support this request.
- This request for reconsideration has been submitted within 30 days of receipt of notification of the original decision.

\_\_\_\_\_  
Signature of Requester (if not the student or parent)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Guardian (if student is under 16 years of age)

The personal information collected through the *Request for Reconsideration of a Unique Accommodation or Exemption Decision* form is collected for the purpose of reviewing this request for reconsideration. This personal information collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of personal information, you may contact Exam Administration Branch at (780) 643-9157 (toll free connection 780-310-0000) or by email at [exam.admin@gov.ab.ca](mailto:exam.admin@gov.ab.ca).

**This form must be submitted to:** Special Cases and Accommodations Team, Alberta Education.

**Email this form and direct all questions to:** [special.cases@gov.ab.ca](mailto:special.cases@gov.ab.ca) using the subject line:

**Reconsider ACC EXM – your surname, first name, Alberta Student Number, school code and school name**  
(e.g., Reconsider ACC EXM – Headroom, Max 123456789 9999 - Ben Hur High School).

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