# Supervisor, Manager, Teacher, or Similar Verification Form

Microsoft Credentialing Accessibility Team is providing this form as one alternative way to submit the necessary verification to support an exam or training accommodation request. If you choose to use this form, it must be submitted at least 20 days before your training event or preferred exam date. Upon receipt of this completed form, your request will be reviewed by the Accessibility Team. This team evaluates accommodation requests on a case-by-case basis and will work with you to determine the accommodation that best meets your needs.

**Learner to complete the following section:**

|  |
| --- |
| Name: |
| E-mail address: |
| Learn User ID or MCID: |
| Accommodation(s) being requested: |

I request and authorize my supervisor, manager, teacher, or similar to share information with Microsoft Corporation and its designated agents, including external accommodation specialists,so that they may determine whether I need an accommodation to take an exam or participate in a training event.

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Learner Signature Date

**Supervisor, manager, teacher, or similar to complete the following section:**

|  |
| --- |
| Name: |
| E-mail address: |
| Job Title: |
| Relationship to the learner: |

Please answer the following questions to the best of your ability.

1. In your opinion, does the learner need an accommodation in order to take a timed, computer based exam that contains a variety of item types, including but not limited to multiple choice, drag and drop, build list and re-order, and labs that require performing tasks in one of Microsoft’s technologies (e.g., Azure, Microsoft 365, Dynamics 365)?

[ ]  Yes [ ]

[ ]  No

*If yes, continue:*

1. In what capacity do you know the learner?
2. How long have you known the learner in that capacity? If you have known the learner for longer in another capacity, please include that information in your response.
3. Describe the challenges the learner faces that you believe result in a need for accommodation and explain why you believe the requested accommodations are needed to take a Microsoft Certification exam or participate in a training event.
4. Additional comments:

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Verifier Signature Date