Red Hat Certification and Preliminary Exams

Special Accommodations Request (SAR) Form

Last Updated: June 26,2023

Red Hat provides special accommodations, on a case-by-case basis, to Red Hat classroom exam candidates, Red Hat Individual Exam Candidates, and Red Hat Preliminary Exam candidates to ensure that they receive equitable opportunities for success on their Red Hat Certification and Preliminary exams (hereinafter referred to as "exams" or "Red Hat exams") based on their needs. Red Hat prioritizes exam accessibility while taking into account exam security and certain exam modality-specific limitations. Please refer to the table below for a list of special accommodations options that may be requested.

All information provided below and any additional documentation regarding your need for special accommodation for Red Hat exams will be held confidential by Red Hat, and will not be disclosed to any other party except as reasonably necessary to fulfill your requested accommodation (authorized third parties may include examiners, exam proctors, or testing center personnel who will administer your exam), without your written permission, unless required by law. For more information on Red Hat's privacy practices please refer to the [Red Hat Privacy Statement](). You may also review the Red Hat Training Policies available [here]().

Important: All special accommodation requests require advanced notice to Red Hat. To process your request we must receive this completed form _at least 2 (two) weeks_ prior to the start of the exam. Please note that submission of this form is not a guarantee that Red Hat will be able to provide the requested accommodation. Red Hat will notify you of the status of your request using the contact information provided below. If additional information is reasonably necessary for Red Hat to evaluate your requested accommodation, Red Hat will contact you, using the contact information provided below. Please note if you require food or drink, and are taking a Testing Center Exam, please notify the Testing Center of your requirement. We can accommodate food and drink requests for all other exam modalities without submission of this form.

Special Accommodations:

Accommodation	Classroom Exam	Testing Center Exam	Remote Exam
Private room	✓	✓	✓
Hardware, including medical equipment	✓	✓	✓
Extra time	✓	✓	✓

Head coverings	✓¹	✓² ³	✓² ³
Other	As can reasonably be accommodated pursuant to your request below		

¹) Must show Examiner ears in the beginning of exam and after each break
²) Must show Proctor ears in the beginning of exam and after each break
³) Possible to request male/female proctor

Statement of the Exam Candidate: (to be completed by the exam candidate)

NAME: _____

EMAIL: _____

Please select the required special accommodation(s):

☐ Private Room
☐ Hardware, including medical equipment
☐ Extra time
☐ Head coverings
☐ Other (please specify in the "Additional Information" section below)

Additional Information: *Please only provide information regarding your requested accommodation.*

_____
_____
_____

By signing and returning this form by email to sar-request@redhat.com, I hereby agree that Red Hat and its authorized third parties may process my personal information (including any Certification provided by a medical provider), for the purpose of evaluating and administering the requested accommodation(s) and compliance with its obligations under applicable law and the agreement(s) with me. For more information on Red Hat's privacy practices please refer to the Red Hat Privacy Statement.

Signature: _____

Date: _____

Note: If the requested accommodation is due to a medical issue please provide this SAR form to a medical professional to complete along with the below **Certification**. Upon completion by a medical provider, the form may be emailed in PDF format to sar-request@redhat.com.

Certification: (to be completed by a medical provider)

I attest that _____ (Exam Candidate) should be provided the above indicated accommodation(s), and I certify that I have documentation supporting the need for the above requested accommodation(s).

Comments (optional): *We do not require the submission of sensitive personal data and ask that you not include such information in your comments below.*

_____

_____

_____

Medical Provider Name: _____

Signature: _____Date:_____

Medical Provider Phone Number or Website: _____

Please send the completed SAR form to sar-request@redhat.com.