

# National Civics Bee® Modification Request Form



## Participant Information

Name:

Date of Birth:

Parent/Legal Guardian Name:

Email:

Phone Number:

Date Submitted:

## Modification Request and Result

Question #1: What is the nature of the participant's disability? *Please include how the disability limits the participant's activities, but do NOT disclose any underlying medical condition.*

Question #1 Answer:

Question #2: Please explain in detail the modification you are requesting

Question #2 Answer:

Question #3: Was this modification requested at any previous National Civics Bee competition rounds? If yes, please identify. If not, please explain. *Not applicable to first live round.*

Question #3 Answer:

**Parent/Guardian Consent \*Required\***

I confirm that I, \_\_\_\_\_, am the parent/legal guardian of the participant identified above. I hereby authorize \_\_\_\_\_ (“Competition Host”) to disclose information and documentation regarding the above participant’s modification request, including this form, to the U.S. Chamber of Commerce Foundation, Civic Trust, and related entities (including, without limitation, other National Civics Bee competition round hosts), for the evaluation and provision of reasonable modifications in subsequent National Civics Bee competitions at which the above participant might participate.

Print Name:

Signature: \_\_\_\_\_

Date: