ServSafe® Registration

Registration deadline is 3 weeks prior to the class date and/or as soon as the class is full.

Date of Class: __________________________ Location of Class: __________________________________________________

Name: __________________________________ Company: ______________________________________________________

Address: __________________________________________________________________________________________

City: __________________________ State: __________ Zip Code: ______________

Phone number: ______________________ E-mail: __________________________________________________________

Are you a member of the Iowa Restaurant Association (check one): _____Yes _____No

Iowa county where employed: __________________________

Mailing address to send book (if different than above): ____________________________________________________

______________________________________________________________

Type of food establishment (check one):

______ Childcare (center, preschool, home) ______ Commercial (food packaging, manufacturing)

______ Healthcare (hospital, long-term care, assisted living) ______ Education (K-12 school, college, university)

______ Retail (restaurant, tavern, convenience store, etc.) ______ Other (self-employed, city/state government)

Type of class (check one): ______ Full class ($150) ______ Re-testing ($50)

Language of book needed:

Note: Books are written solely in the language indicated, they are not bilingual.

______ English ______ Chinese ______ Korean ______ Spanish

Language of exam needed:

Note: All exams other than English are bilingual. This means the questions are written in both English and the selected foreign language.

______ English only ______ Chinese/English ______ French Canadian/English

______ Instructor (in English only) ______ Japanese/English ______ Korean/English

______ Large print (in English only) ______ Spanish/English

Will participant be requesting any exam accommodations*? (check one) ______ Yes ______ No

Examples of Exam Accommodations: reader (have exam read to you), separate room/alternate exam location, scribe, extra time, sign language interpreter

Interpreter needed? (check one) ______ Yes ______ No

Will participant use a bilingual English-native language dictionary? (check one) ______ Yes ______ No

*See page three for information on exam accommodations.

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, generic information, marital status, national origin, pregnancy, race, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran. (Not all prohibited bases apply to all programs.) Inquiries regarding non-discrimination policies may be directed to Ross Wilburn, Diversity Officer, 2150 Beardshear Hall, 515 Morrill Road, Ames, Iowa 50011, 515-294-1482, wilburn@iastate.edu.
Payment and Mailing Instructions

** Registration is not complete until payment is received! **  
Complete form and mail/fax with payment to:
Iowa State University, Registration Services, 1601 Golden Aspen Dr, Ste 110, Ames, Iowa 50010  |  Fax: 515-294-6223

<table>
<thead>
<tr>
<th>OPTION 1 - PAYMENT ENCLOSED</th>
<th>OPTION 2 – SEND BILL/INVOICE TO EMPLOYER</th>
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<tbody>
<tr>
<td>□ Check (payable to Iowa State University)</td>
<td>□ Mail invoice to:</td>
</tr>
<tr>
<td>□ Credit Card: ⚫ Visa   ⚫ MasterCard   ⚫ Discover</td>
<td>Name: ____________________</td>
</tr>
<tr>
<td>Card Number: ____________________</td>
<td>Company: ____________________</td>
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<tr>
<td>Exp. Date: ____________ / ________  CVV: ____________</td>
<td>Address: ____________________</td>
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<td>Cardholder Name: ____________________</td>
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<td>Signature: ____________________</td>
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Release

**Photo/Video**

By signature to this form I acknowledge and agree that photos and/or video taken at this event may be used for promotional, commercial, educational and research purposes. Without any restriction, I hereby grant Iowa State University (ISU) Extension and Outreach permission to use, reuse, publish, and republish my name, photograph, image, or likeness, and/or a recording of my voice or the event in whole or in part. My submission of this form and participation in this event indicate my assent to these terms without further obligation on behalf of ISU. If you are the parent or legal guardian of the child being registered, by signature to this form you are granting permission as indicated in this form to ISU Extension and Outreach on their behalf. If you are registering a third party, your completion of the registration form represents and warrants that you are authorized to complete the registration on behalf of the organization/individual and grant the rights permitted therein. If you or a represented party prefer not to be photographed, please contact ISU Extension and Outreach prior to submission and notify the event photographer or videographer.

Signature: ____________________

**Communication**

□ I consent to receive related event communication via email from ISU Extension and Outreach.

*If you leave the box unchecked, you will not receive email messages about future events.*
Reasonable accommodations may be available upon request. Allow at least five weeks total prior to the class date for the accommodation request and instructor notification process.

- All exam accommodation requests are handled exclusively through ServSafe®.
  - A link to accommodation request forms can be found below.
  - Allow at least two weeks for ServSafe® to process any accommodation request.

- ServSafe® will notify you via email of an approved or denied accommodation status. It is then YOUR responsibility to notify your instructor of an approved accommodation.
  - Instructors need to be notified at least three weeks prior to the class date of your approved accommodation.
  - If you do NOT let your instructor know of a confirmed and granted Accommodation Request at least 3 weeks prior to the class date, you will NOT be allowed to take the exam on the class date. This means you would need to take the exam on another date -- at your expense. Adequate time is needed to make arrangements for an additional room and proctor.
  - Contact information for your instructor is provided in your registration confirmation e-mail. You will receive this confirmation e-mail from Iowa State University Registration Services as soon as your registration is complete and payment is received.

Request Forms
If you are requesting an accommodation(s), you will need to submit the Accommodation Forms directly to ServSafe®.

1. To access the forms, go to www.servsafe.com/downloads/pdfs/handbooks/ssfs-exam-handbook
   If you want more information on how to submit for an accommodation(s), first review these forms:
   https://register.extension.iastate.edu/images/events/servsafe/accommodations.pdf
   - How to Request Exam Accommodations-Guidelines and FAQs - pages 26-27
   - How to Request Foreign Language Translations-Guidelines and FAQs - pages 28-29

2. If you decide to apply for an accommodation(s), you need to submit the corresponding form:
   https://register.extension.iastate.edu/images/events/servsafe/accommodation-form.pdf
   - Exam Accommodation Form (Appendix F) - pages 38-39
   - Request for Foreign Language Translation - page 40 and Translator Nondisclosure & Confidentiality Agreement - page 41

Dictionary Use
Note from ServSafe® handbook page 9: Examinees who want to take the Exam in English are permitted to use a printed bilingual English-native language dictionary (e.g., English-Spanish) during the exam. The use of a dictionary needs to be reported by proctor. English-language dictionaries are not allowed. Dictionary will be inspected by the proctor at check-in.