

**Disability Services Office
Exam Accommodation Request Form**

The Disability Services Office requests the receipt of this COMPLETED form with the exam or quiz.
This form is to be used for students needing accommodations other than extra time only.

► 1* Step: Instructors: Please fill out the section below:

Student Name: _____ Today's Date: _____

Name and Number of Course _____

Name of Instructor: _____ Date Class Takes Test: _____

Time allowed the class for the exam: _____

► 2nd Step: Instructors: Please provide the following information:

Please check or state any of the following resources the student may use for this exam.

_____ Calculator _____ Notes _____ Textbook _____ Scratch Paper _____ Note Card(s)
_____ None of These _____ Other: _____

How will instructor receive exam:

_____ Will pick up from Disability Services Office
_____ DS will deliver to: _____ Mailbox _____ Division Administrative Assistant _____ My office

Instructor's Signature: _____ **Date:** _____

Disability Services Office Use Only:

Completed exam picked up by instructor: _____ Date: _____
Completed exam delivered to instructor: _____ Date: _____