FACULTY TEST ACCOMMODATION FORM
FOR OFFICE OF DISABILITY SERVICES

1. Place the test in a **sealed** envelope.
2. The **faculty** may e-mail the exam, have the student pick-up the exam or deliver the exam to the Office of Disability Services.

**FACULTY’S NAME:**
Office Phone Number:
Department:
**STUDENT’S NAME:**

The date the test should be completed:

Since the test *cannot* be returned through the campus mail, choose how the test should be returned:
- [ ] Student returns test in a sealed/initialed envelope.
- [ ] Professor or department representative will pick up test.

**SPECIAL INSTRUCTIONS**
(Check all that apply)

- [ ] Use of a laptop
- [ ] Use of calculator
- [ ] Reader/Scribe
- [ ] EXTENDED TIME

Other:

**START TIME:** ______  **END TIME:** ______

Professor’s Signature/Date ________________________________

Office of Disability Services Signature/Date __________________________

Sealed By: ________________________________  Date: __________________

Released To: ________________________________  Date: __________________

Departure Time: __________

Office of Disability Services
120 Horton Hall
477-1364 or 477-1329

REVISED 3/2011