FACULTY TEST ACCOMMODATION FORM
FOR OFFICE OF DISABILITY SERVICES

Faculty may e-mail the exam, have the student pick-up the exam, or deliver the exam to:
Office of Disability Services, Suite 324 Horton Hall
(717) 477-1364 or (717) 477-1326

FACULTY’S NAME: [ ]
Department: [ ] Dept. Dropdown
STUDENT’S NAME: [ ]

Exam Schedule Details:
Course No. / Sec.: [ ]
Day: ☐ M ☐ T ☐ W ☐ R ☐ F Date Dropdown @

Tests cannot be returned through the campus mail. Select how the test should be returned:
☐ Student returns test in a sealed/initialed envelope.
☐ Professor or department representative will pick up test.
☐ Student submits exam electronically (e.g. D2L, etc.).

ACCOMMODATIONS & INSTRUCTIONS
(Check all that apply)
☐ Use of a laptop / computer
☐ Use of calculator
☐ Reader/Scribe
☐ Note cards / sheet
☐ Extended Time
☐ Open book
☐ Open book for one part only
☐ Open notes
☐ Open notes for one part only
☐ Other: [ ]

Special Instructions: [ ]

<table>
<thead>
<tr>
<th>START TIME:</th>
<th>END TIME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>ODS signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Sealed by:</td>
<td>Date:</td>
</tr>
<tr>
<td>Released to:</td>
<td>Date:</td>
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DEPARTURE TIME: [ ]

Rev. 10/2017 klh