

Sample – this form will be provided during your meeting with DSS staff

DISABILITY TEST ACCOMMODATION REQUEST FORM

I, _____, SS#: _____, Phone: _____

Local Address: _____ Use Firstclass? ____ (Y) (N) ____

am requesting test accommodations for the courses listed below:

For the semester: ____ Fall ____ Winter ____ Spring ____ May-term ____ Summer

Course & Section
(i.e. BIO100-001)

Name of Professor

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If requesting Notetakers or Books on CD completion of a separate accommodation request form is required.

PLEASE CHECK ONE:

- ____ I am requesting the same accommodations as previous semester
- ____ I have met with Ann or Sara to arrange these accommodations
- ____ I need an appointment with Ann Smith or Sara Henry to approve these accommodations or change my accommodations

I give Disability Support Services permission to release information related to the nature of my disability and functional limitations that might help my professors, their respective deans, my academic advisor and/or coaches athletic advisors to understand my special needs and provision of services. This will be in effect until student submits in writing restrictions related to the release of disability information.

(Student's signature)

(Date)

***** Requests for testing accommodations must be submitted at least 48 hours prior to any examination.**

FOR OFFICE USE ONLY:

___ Extended time on tests

___ Taped exam/reader

___ Quiet separate location for tests

___ Large print tests

___ okay test in small group

___ must test in isolation

___ Computer testing

___ Textbooks on tape or CD:

___ RFB&D (pre-recorded)

___ Notetakers

___ Audio CD

(For computer or any CD player)

___ Other _____

___ MP3 CD

(For computer or MP3 player only)
