

Disability Resources

Testing Accommodation Request Form

Please read and fill out the entire form before turning in.

YOUR NAME: _____ **TODAY'S DATE:** _____

YOUR PHONE #: _____ **YOUR E-MAIL ADDRESS:** _____

CLASS INFORMATION:

What class is this test in? _____ Who is the instructor? _____

TESTING INFORMATION:

1) What is the scheduled date of the test as listed in the syllabus? _____

AND/OR

2) If you know the dates for tests in this class for the entire semester, please list ALL dates:

3) How much time is given for the test by the class instructor? _____

PLEASE IMMEDIATELY REPORT ANY CHANGES TO Disability Resources (DR).

I understand that I will receive testing accommodation only if I meet the following conditions:

1. I will submit a completed, signed, and dated Testing Accommodation Request Form for each class in which I have a test.
2. I will submit the completed form to the Disability Resources office or Learning Center front desk within a minimum of **SEVEN (7)** working days **PRIOR** to the test date. The test date, holidays, and weekends **DO NOT COUNT!**
3. If the student misses a test date or makes some other change to what they agreed to as arranged here, then they must get permission from the instructor to reschedule the test. Only after the instructor has notified DR via e-mail or phone and has given permission for the student to take the test after the original testing date will DR make new accommodations for the test.
4. Disability Resources considers the information requested on this form and any documentation regarding your disability strictly confidential and they will not share it with any outside source other than to facilitate arrangement for your requested accommodations. DR will approve accommodations for tests only as authorized on the Instructor Notification Form.

STUDENT SIGNATURE: _____ **DATE:** _____

DISABILITY RESOURCES STAFF: _____ **DATE:** _____

To contact Disability Resources for any questions or concerns, please call **(928) 776.2085**. Rev.10/2017