REQUEST TO PROCTOR/RELEASE OF EXAMINATION

In compliance with Section 504 of the Rehabilitation Act of 1973, Adelphi University makes academic accommodations for students with disabilities. The Office of Disability Support Services coordinates these accommodations. Accommodations for disabilities are determined by the Office on an individual basis, according to documented need and verified by an Accommodation Card, issued by the University. Students will present the Accommodation Card when requesting special accommodations because of physical or learning disabilities.

TO BE COMPLETED BY THE STUDENT:

Name: ____________________________________________

Course Title: ______________________________________  Date of Exam: __/__/  Time: __________

It is the student's responsibility to inform the Office of an examination one week prior to the scheduled examination date and to submit a completed Request to Proctor form one week prior to the scheduled examination date. Accommodations cannot be guaranteed otherwise.

Please check all that are needed:

_____Reader  _____Scribe  _____Enlarged Print  _____Extended time  _____Other
_____Accessible Desk  _____Computer  _____Distraction-reduced environment

I will not receive nor give information regarding the contents of the examination.

Student Signature: ___________________________  Date Submitted: __________________________

TO BE COMPLETED BY INSTRUCTOR:

I agree to allow the Office of Disability Support Services to coordinate examination accommodations for this student. I also confirm that the class will be utilizing the following aids:

Open text book  _____yes  _____no  LENGTH OF EXAM  ________________
Calculator  _____yes  _____no
Class notes  _____yes  _____no
Dictionary  _____yes  _____no

Name of Instructor (Please Print)  Telephone #  E-mail address  Department

Signature of Instructor  Date

DSS OFFICE USE ONLY

☐ CALENDAR  ☐ EMAIL  PICK UP: ________________________________

EXAM CONTENT:
# of questions/pages

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

☐ CALENDAR  ☐ EMAIL  DROP OFF: ________________________________

EXAM CONTENT:
# of questions/pages

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________
TO BE COMPLETED UPON RETURN OF EXAM:

Examination Return Location:

______  ______  ____________________________  /___/   ____:
Building   Room   Signature of Instructor/Department Staff   Date   Time

Initials of DSS Staff Member Returning Exam:

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