

# ADELPHI

## UNIVERSITY

Student Access Office  
 tel. 516.877.3806  
 fax. 516.877.3139  
 1 South Avenue  
 Garden City, NY 11530

### ***Request to Proctor/Release of Examination***

*In compliance with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Prevailing University Policy, Adelphi University makes academic accommodations for students with disabilities; the Student Access Office (SAO) coordinates these accommodations. Accommodations for disabilities are determined by SAO on an individual basis, according to documented need and verified by a formal Accommodaitons Approval Letter or Accommodations Card, issued by the Universitys Public Safety Office. Students will present the Approval Letter or Accommodations Card when requesting to utilize their documented accommodations on-file with SAO.*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Exam Time: \_\_\_\_\_

What type of Exam?(Full Class/Short Quiz): \_\_\_\_\_

Please specify all accommodations that are needed: \_\_\_\_\_

It is the student's responsibility to inform SAO an examination **one week** prior to the scheduled examination date and to submit a completed **Request to Proctor** form a minimum of **one week** prior to the scheduled examination date.

*I will not receive nor give information regarding the contents of the examination. Sign Name: \_\_\_\_\_*

Cell Phone Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**(For Student Access Office Use)** Department signature:

**(For Student Access Office Use)** Date:

**Initials of SAO Staff**  
\_\_\_\_\_

<b>SAO OFFICE USE ONLY</b>	
<input type="checkbox"/> CALENDAR <input type="checkbox"/> EMAIL	<b>PICK UP:</b> _____
<b>EXAM CONTENT:</b> <b># of questions/pages</b>	<b>DROP OFF:</b> _____
_____ _____	_____ _____