



Disability Services Office

Release Of Exam Form

TO BE COMPLETED BY THE STUDENT:

Name: _____ Course Code and Title: _____ Classroom: _____

Date Examination is Being Taken at DSO: _____ Time Examination is Being Taken at DSO: _____

Please check the accommodations being requested for this exam:

- Extended time, Exam (full) Read Aloud, Scribe, Computer for Word Processing, Spell-check device, Calculator, Enlarged exam, Distraction-reduced Setting, Directions Read Aloud/Clarified, Breaks, Other (s):

The DSO Director will make the final determination of accommodations for this exam in accordance with the disability documentation.

I agree to uphold the integrity of the examination and follow the procedures for testing accommodations as outlined in the DSO Testing Accommodations Agreement.

Signature of Student _____ Date _____

TO BE COMPLETED BY THE INSTRUCTOR:

DSO will coordinate examination accommodations for this student on the date and time listed above and must confirm that date/time and also confirm that all students are allowed to use the below items that are checked off:

- Textbook, Dictionary, Computer, Class notes, Calculator, Other, Actual amount of time the class receives for exam:

Please indicate how the exam will be delivered to DSO: Instructor:

- Student will bring in sealed envelope, Campus mail, Instructor/Staff will drop off at DSO, Instructor/Staff will e-mail (dso@centenaryuniversity.edu)

Please indicate how the exam will be returned to

- Pick up by Instructor/Staff, Deliver by DSO Staff, Campus mail, Emailed to Instructor by DSO staff

Print name of Instructor & telephone ext.

Signature of Instructor & Date

PLEASE NOTE: THE DSO HOURS ARE 8:30AM AND 4:30PM. THE PREFERENCE IS FOR EXAMS TO BE SCHEDULED DURING THESE HOURS BUT ALTERNATE EXAM TIMES CAN BE ARRANGED FOR CLASSES SCHEDULED BEFORE OR AFTER OFFICE HOURS WITH NOTICE.

DSO OFFICE USE ONLY:

TO BE COMPLETED UPON RETURN OF EXAM TO INSTRUCTOR:

Please initial and date below:

_____ Date: _____ Delivered by DSO Staff

_____ Date: _____ Returned by campus mail (as per professor's request)

_____ Date: _____ Instructor/Staff picked up exam

_____ Date: _____ Other: _____

Scheduled Reader/Scribe/Proctor: _____
(If needed)

Test location: _____