Printed PDF—please scan a copy for your own records.

SUNY Cortland Office of Student Disability Services Test Administration Services (TAS) Request Form B-204 Memorial Library

tas@cortland.edu 607-753-2358

It is the STUDENT'S responsibility to return this printed form to TAS with the instructor's signature on it <u>at least five days</u> in advance. Requests made closer to the exam time **may be denied.**

Student Name	C# Phone #			
Course Prefix and Number (e.g. MAT 101)		Class time	Class time and days of week	
Please indicate the exact dates and times the tests should be administered below—not necessarily				
when the rest of the class will take it. Tests must be completed between 8:00 and 4:00.				
Quizzes	Exams		Final Exam	
Date Time	Date	Time	Date Time	
			Instructor Authorizes	
				Notes
			Calculator	_ Formulas
			Other	None
			Student Requests Extended Time Minimal Distractions	
			Text-to-Spe	ech
Instructor Authorizes	Instructor Authorizes		Scribe	
Book Notes	Book	Notes	Scribe	
Calculator Formulas	Calculator	Formulas	Word Processor	
Other None	Other	None	Other	
The test will be delivered to TAS by (check one) e-mail (tas@cortland.edu)				
It will be returned by instructor pick-up student scan & e-mail (write address above; no bubble sheets) If nothing above is checked off, exam will be held for instructor pick-up.				
Instructor Name (Print)		Signature		
Date Contact info if student has question during exam				