This form must be completed and returned to BSC Room 226 at least 48 business hours prior to the start of the test if you plan to take an exam in Disability Services. **We will be unable to accommodate your request if this form is returned after that time period and you will need to make arrangements with your professor.** Your professors may accommodate your request if you give them adequate notice; they need not accommodate your request if you do not give them a reasonable notice. In that event, you will need to take the exam in the classroom in the time specified for the class.

1. **To Be Completed by Student:**
   - Test Date _______________________
   - Test Time _______________________
   - Student _________________________
   - Box _______ Phone _____________
   - Student Email ___________________
   - Course _________________________
   - Professor _______________________
   - Prof. Office Location _____________
   - Professor’s Phone __________________

2. **To Be Completed by Faculty:**
   - Student may use the following during the test:
     ____________________________________________________________________
     ____________________________________________________________________
     ____________________________________________________________________
   - How much time is allotted for other students to take this test? __________

   *If there are questions that may arise during the exam or you give students in the classroom clarification, please contact Disability Services at 361-1185 to share the same information.*

   **Method to send test to Disability Services:**
   - ____ Student taking exam will bring to D.S.
   - ____ Professor will bring to D.S.
   - ____ FAX to Disability Services at 361-1556
   - ____ Email to Tammie Longsderff at longsdtl@etown.edu
   - ____ Campus mail (allow 2 days minimum)

   **Method to contact Faculty during exam if student has a question or needs clarification:**

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

   **Method to return test to Faculty:**
   - ____ Student taking exam will take to professor
   - ____ Student Coordinator will take to professor’s office
   - ____ Professor will pick up exam at D.S.
   - ____ FAX to Fax # ________________
   - ____ email to _______________________

   __________________________
   Signature of Faculty

   __________________________
   Email of Faculty and date