

DISABILITY SUPPORT SERVICES
WOODY HALL 247
MAIL CODE 4705
900 SOUTH NORMAL AVENUE
CARBONDALE, ILLINOIS 62901

618/453-5738 618/615-4492 VP 618/453-5700 FAX

disabilityservices.siu.edu

Faculty Testing Authorization Form

This form must accompany each test to DSS.

Find Test Proctoring Guidelines Here

PART 1: TO BE COMPLETED BY STUDENT PRIOR TO TEST DATE (SUBMIT FORM TO INSTRUCTOR)

Student Name		Course	
Student E-mail		Test Date	
Date given to instructor		Test Time	
Testing Accommodations:			
Extended Time	Reader	Limited Distractions	Voice Input Software
Computer	Writer	Screen Reader	No Scantron Sheet
Spell Check	Calculator	Screen Magnification	Restroom Breaks
Other			
PART 2: TO BE COMPLETED	D BY INSTRUCTOR (INSTRUCTOR	R AUTHORIZES TEST TIME AND	DATE INDICATED ABOVE)
Instructor Name		Department Mail Code	
Instructor E-mail		Department Phone #	
Department Fax #			
Special Items or Instructions:		Test Pick-up Method (DSS does not pick-up or deliver)	
Open Notes	Internet Access		
Open Book	Restroom Breaks		
Calculator	Student May Keep Test		
Other			

TO SEND A TEST TO DSS, CHOOSE FROM THE FOLLOWING METHODS:

- Send the test via Fax 453-5700 (follow-up phone call recommended)
- Send the test via e-mail: <u>DSStests@siu.edu</u>
- Hand deliver the test to Woody Hall, Room 247
- Deliver the test via Campus Mail Code 4705

Attention Instructors: Instructors must personally verify any changes after this form is submitted to DSS. Unless special items or instructions are indicated above, students will not be allowed to use them. Students will place all personal items in a locker upon arrival. No cell phones are permitted in testing rooms.

Questions or Concerns: Call 618-453-5738