

# RSCC Testing Center Accommodation Authorization

**\*Please complete this authorization form for each test\***

Test will not be scheduled until this form is completed and returned to:  
Amber Cook, Roane County Testing Center (865-882-4661), [cookan@roanestate.edu](mailto:cookan@roanestate.edu)  
OR

Jill Robbins, Oak Ridge Campus Testing Center (865-481-2000, ext. 2251), [robbinsjm1@roanestate.edu](mailto:robbinsjm1@roanestate.edu)

**The instructor must complete this form and submit it, along with the test, to the Testing Center at least one week in advance (two weeks for finals) before the test is due. Students who have extra time and/or low distraction accommodations are NOT required to make an appointment, they can simply come in during regular walk-in testing hours. It is the responsibility of the student to check the Testing Center webpage for the days and times of walk-in testing and allow for adequate time to complete their exam by the stated closing time of the Testing Center. If the student requires more extensive accommodations (i.e. a reader, needs to read out loud, isolation, etc.) they WILL need to make an appointment by email or phone. Please review the RSCC Guidelines for Testing Accommodations for complete details and feel free to call or email us if you have any questions or concerns.**

**STUDENT'S NAME:** \_\_\_\_\_ (one name per form)

Instructor's Name: \_\_\_\_\_ Course/Course Number: \_\_\_\_\_

Instructor's E-mail: \_\_\_\_\_ Phone Ext. : \_\_\_\_\_

Alternate Phone Number (this number will never be shared): \_\_\_\_\_

Exam Title: \_\_\_\_\_ Exam Form/Chapter: \_\_\_\_\_

Normal Length of Test: \_\_\_\_\_ Date Test Must be Taken by: \_\_\_\_\_

### **Instructor approves student to:**

Use attached answer sheet     Use own paper     Use textbook     Use notes  
 Use calculator     Use scratch paper     Use dictionary     Write on test

### **Approved Disability Services Testing Accommodations for the student (instructor complete):**

Extra time on tests:     Time and one half     Double time     Other: specify \_\_\_\_\_  
 Reduced distraction environment     Reader     Translator  
 Other: \_\_\_\_\_

### **Instructor will deliver exam to the Testing Center via:**

Hand delivered by instructor     Campus mail to the Testing Center  
 Online / PASSWORD: \_\_\_\_\_

### **Method of returning exam:**

Instructor will pick up exam from the Testing Center  
 Testing Center to return exam to the instructor by campus mail (location \_\_\_\_\_)

### **Instructors please inform students of the following:**

- Picture ID is required to test.
- Check website [www.roanestate.edu](http://www.roanestate.edu) for Testing Center closings and hours of operation.
- When exam is available in the Testing Center.
- Location of the Testing Center.
- What the time limit and permissible aids are for the exam.
- No cell phones are permitted.

**Instructor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_