## **RSCC Testing Center Accommodation Authorization**

\*Please complete and attach this authorization form to every test copy\*

Test will not be scheduled until this form is completed and returned to: Amber Cook, Roane County Testing Center, <a href="mailto:cookan@roanestate.edu">cookan@roanestate.edu</a> OR

Jill Robbins, Oak Ridge Campus Testing Center, <a href="mailto:robbinsjm1@roanestate.edu">robbinsjm1@roanestate.edu</a>

The instructor must complete this form and submit it, along with the test, to the Testing Center at least one week in advance (more than two weeks for finals) before the student can schedule an exam. The student is responsible for scheduling tests with the Testing Center (after this form is submitted) by emailing the contact person at whichever location they wish to test. Final exams must be scheduled two weeks in advance. Please review the RSCC Guidelines for Testing Accommodations for complete details.

Instructor's Name:	Course/Course Number:
Instructor's E-mail:	Phone ext
Exam Title:	Exam Form/Chapter:
Student's Name:	(one name per form)
Student's ID Number:	
Normal Length of Test:	Date Test Must be Taken by:
	Use attached answer sheet Use own paper
Extra time on tests: Reduced distraction envir	es Testing Accommodations for the student (instructor complete): Time and one half or Double time ronment Reader
<ul><li>When exam is availab</li><li>Location of the Testin</li></ul>	to test.  coanestate.edu for Testing Center closings and hours of operation.  le in the Testing Center.  g Center.  ad permissible aids are for the exam.
Instructor will deliver exam Hand delivered by instruc	to the Testing Center:  ctor Campus mail to the Testing Center
Method of returning exam: Instructor will pick up ex Testing Center to return example.	am from the Testing Center exam to the instructor by campus mail (location)

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

Instructor's Signature: