

Testing Authorization Form

Regional Center for Learning Disabilities

Hennessey Hall, Room MB12. 973-443-8981

This form can be emailed to Mary Hebert, PhD. Director of the Regional Center at hebert@fdu.edu , sent interoffice mail M-MS0-07 or dropped off by student or instructor at the Regional Center

Completed by Student:

Student Name:	
Regional Center Support Staff:	Email: hebert@fdu.edu

Accommodations

___ Extended Time	___ Word Processing	___ Calculator	___ Tests/Text Read	___ Spell Check
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Course Information

Course Name and Code	Test Date and Day
Start Time:	End Time

Completed by Faculty Member

Faculty Member Name:		Email
Phone:	Mailstop	Building/Room Number

The class can use these aids for this exam

___ Textbook	___ Reference books	___ Class Notes
___ Calculator	___ Formula Sheet	___ Computer
___ Internet Access	___ Tape Recorder	___ Dictionary
Other:		

Test sent to the Regional Center for Learning Disabilities via:

___ Inter-office mail to: M-MS0-07	___ Email to Regional Center Staff indicated above
___ Dropped off by Instructor at Regional Center Hennessey Hall: Rm. MB12 (right by mailroom)	___ Faxed to 973-443-8089

Upon completion, the test is to be:

___ Emailed to the faculty member	___ Sent interoffice mail to mailstop indicated above
___ Picked up at the Regional Center office	___ Delivered to faculty member in sealed envelope by student
___ Other Return Method	

___ I, **the above noted faculty member**, have read the Test Proctoring Policies posted on the Regional Center Webpage and confirm that all information in this form is correct and true to the best of my knowledge. I agree to the terms and conditions set forth by the Regional Center for Learning Disabilities should corrections need to be made to this form. I understand that I will not hold the Regional Center for Learning Disabilities or any of its officers accountable for any errors in the testing process due to mistakes and /or incorrect information supplied in this document.

Comments or Questions