



**Disability Services**

**NOTIFICATION OF SPECIAL MATERIALS PERMITTED DURING  
THE ADMINISTRATION OF A TEST**

**TO THE INSTRUCTOR:**

Please complete the following information:

**Student's Name**

---

**Course Title**

---

**Date and Time of Test**

---

Special materials permitted during this test (check all that apply):

- Textbooks
- Scrap Paper
- Journal or magazine article(s)
- Dictionary
- Class notes
- Formula Sheet
- Calculator
- Other (Please explain)

---

---

---

---

Instructor's Signature

---

Date

**Please include this form with the student's test in a security envelope.**