

Exam Reader/Scribe Request Form

If you will need a reader or scribe on an upcoming exam, please complete this form 3-5 days in advance of your exam. A Disability Support Services (DSS) staff member will contact you to confirm receipt of the form and confirm your testing time.

Student Name:

Student ID#:

Instructor's Name:

Course Name and Number:

Exam Name:

I am requesting a: **Reader** **Scribe**

If possible I would prefer to have my exam:

Pre-recorded

Read by a person

Read by the computer

If possible I would like to take my exam on:

Date:

Time:

Please contact me at the following to confirm my testing arrangements:

Phone:

E-Mail:

***RETURN COMPLETED FORM TO THE DSS OFFICE (STC 114/115)
OR VIA E-MAIL AT: dss@hagerstowncc.edu***

For Office Use Only: (Additional testing accommodations? Specific reader preferred?)