



Access-Ability Services  
 2001 Oriental Blvd.  
 Brooklyn, NY 11235  
 Room D-205  
 718-368-5175  
 aas@kbcc.cuny.edu

Completed Exam: \_\_\_\_\_

Date Received

## AAS EXAM REQUEST FORM

This form has to be completed and returned to Room D205 **three days prior** to the scheduled exam. If this form is not submitted to Room D205 in a reasonable time, Access-Ability Services will assume that you have opted to take the exam in your class without accommodations. If you have any questions, please speak with the testing coordinator or your counselor in the Access-Ability Services. Please see Access-Ability Services for office hours.

- |                                      |                                     |                                       |                                      |
|--------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Quiz        | <input type="checkbox"/> Class Exam | <input type="checkbox"/> Midterm      | <input type="checkbox"/> Final Exam  |
| <input type="checkbox"/> ACT Reading | <input type="checkbox"/> Cat W      | <input type="checkbox"/> Departmental | <input type="checkbox"/> Other _____ |

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### Section A: To be completed by student

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Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Course: \_\_\_\_\_ Section: \_\_\_\_\_

*Which of your approved testing accommodations would you like to use? (Accommodations will be verified)*

- |  |                                      |                                 |                                 |
|--|--------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Extended Time | <input type="checkbox"/> Double Time | <input type="checkbox"/> Reader | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Other: _____  |                                      |                                 |                                 |

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### Section B: To be completed by Professor

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The student named on this form has been certified by the Program Manager of Access-Ability Services to take exams with test accommodations based on documentation submitted. **\*\* Please acknowledge by signing & returning this form to student. Exams should be delivered to D-205. Exam will be returned to your department or you may pick up the exam. Please contact the Access-Ability Services for office hours. 718-368-5175**

Professor \_\_\_\_\_ Class Room # \_\_\_\_\_ Phone # \_\_\_\_\_

PRINT

Class Exam Date: \_\_\_\_\_ Class Start Time \_\_\_\_\_ Exam Duration: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Requested AAS Exam Date: \_\_\_\_\_ AAS Exam Start Time: \_\_\_\_\_

- Test Delivery:
- Professor or designee will deliver exam to AAS, room D205
  - Exam will be faxed to 718-368-4782
  - Exam will be emailed to aas@kbcc.cuny.edu

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Professor Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Office use only*

Returned to: \_\_\_\_\_ Date: \_\_\_\_\_ Room# \_\_\_\_\_

\* AAS - White Copy

\*Student - Yellow Copy

\*Professor - Pink Copy

