



## Disabled Student Program Services (DSPS) Instructor Notification Request

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ ID # \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize the Disabled Student Program Services at Saddleback College to release information pertinent to my test proctoring accommodations to **ONLY** the following faculty and staff during the above named semester:

<b><u>Course Name</u></b> Example: Bio 15	<b><u>Professor</u></b> Example: Smith	Instructor Notification Letter (Pick-Up)	Instructor Notification Letter (Emailed)	Note-Taking Letter (Pick-Up)
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Office Use Only (Please Initial and Date):

Instructor Letter Written: \_\_\_\_\_ Proctor Guidelines Copied: \_\_\_\_\_ Alert Added: \_\_\_\_\_

Note-Taking Letter Written: \_\_\_\_\_ Student Signed Agreement Form \_\_\_\_\_

Process Completed: Date \_\_\_\_\_ Initials \_\_\_\_\_