



Disabled Student Programs Services (DSPS)  
Instructor Notification Request

Term: Spring Year: 2010

Name: \_\_\_\_\_ Student Id #: \_\_\_\_\_

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

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

**Course Name**

Example: Bio 15

**Instructor**

Example: J. Smith

Instructor  
Notification Letter  
(Pick-Up)

Instructor  
Notification Letter  
(Emailed)

_____	_____	<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"/>

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:

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

Office Use Only (Please Initial and Date):

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

Instructor Letters Emailed: \_\_\_\_\_ Student Signed Agreement Form: \_\_\_\_\_

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