



DSPS

INSTRUCTOR NOTIFICATION REQUEST FORM

Term: ☐ Fall ☐ Spring ☐ Summer

Name: _____ ID #: _____

Email: _____ Phone #: _____

I hereby authorize DSPS at Saddleback College to release information pertinent to my test proctoring accommodations to **ONLY** the following faculty and staff during the above noted term:

<u>COURSE NAME:</u>	<u>INSTRUCTOR:</u>	<u>INSTRUCTOR EMAIL:</u>	<u>On-Campus Course</u>	<u>Online Course</u>
Example: Bio 15	Example: J. Smith	_____	<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"/>

☐ By checking this box you agree to the statement above.

Student Signature: _____ Date: _____

Office Use Only (Please Initial and Date):

- Student Policies and Procedures Agreement/Student signature: (Yes) _____ / (Not Needed) _____
- Instructor Letter/Student Hand carried to Instructor (Yes) _____ / (Not Needed) _____
- Instructor Letter/DSPS Emailed to Instructor: (Yes) _____ / (Not Needed) _____
- Student Schedule printed and included in ATC Student File: (Yes) _____ / (Not Needed) _____
- Alert Added in SARS: (Yes) _____ / (Not Needed) _____
- Process Completion Date: ____ / ____ / 20____ Process Completion By: _____