Test Authorization Form

DSS Testing Office 0118 Shoemaker University of Maryland, College Park 20742
Phone 301.314.7217 Fax 301.314.9478
Office Hours: Mon – Fri - 9 am - 4 pm • Final Exam Hours (Fall & Spring Only): Mon – Fri: 8 am - 7 pm & Sat 8 am – 4 pm

► To be filled out by STUDENT:

Student Name: __________________________________________________________
Course Name and Number: ________________________________________________
Date of Exam at DSS: _______ Time of Exam at DSS: ________________

Requested Accommodations: □ Extended time □ Private Space □ Scribe/Reader
□ Large Print □ Taped Exam Calculator: □ 4-function □ Scientific □ Graphic;
□ Computer □ Other: (Please Describe) ________________________________

*** Instructor and Student should decide upon mutually agreeable date and time.
Online Test Request (a.k.a. The Pink Sheet) should be completed by DSS Student at least 5 business days in advance. ***

► To be filled out by INSTRUCTOR:

DSS will NOT administer any exam without this form completed in its entirety and signed by instructor or TA. This form must accompany each exam.

Test may be faxed (301.314.9478), emailed (DSSTest@umd.edu) or delivered in a SECURED envelope (Testing Office 0118 Shoemaker).

Regular Class Time allowed for Test: (check one) □ 50 min □ 75 min □ other______
* DSS will determine the total testing time based on the individual student’s accommodations.

Instructions: □ Closed Book □ Open Book □ Write directly on Exam □ Scantron □ Answer Booklet
Student Is Allowed: □ Calculator (Circle Type: 4 Function/Scientific/Graphing) □ Formula Sheet: Type________
Other Special Instructions: ________________________________________________________

✓ Initial IF Student is permitted to keep Exam: __________

Please check method for exam return:
□ Instructor/Authorized Staff member will pick up the test. (DSS returns exam if it is not picked up within 5 business days.)
□ DSS STAFF will return the test to your Departmental Main Office - 2 business day turnaround.
□ The student will return the test in a sealed envelope immediately after the exam. (If not specified, delivered to Main Office)

* Alternative Location: __________________________________________________________
* At alternative location, someone MUST be present to SIGN for exam when student arrives.
Note: If no one is present for signature, exam will then be taken to your Department’s Main Office.

Instructor’s Name (PRINT): ___________________________ Phone #: ______________________
□ Please check box IF you will be available at this number IF student has any questions during the exam.

Instructor’s Signature: ________________________________ Email: _____________________
DSS Testing Office
301.314.7217
0118 Shoemaker

Please contact the DSS Testing office directly for **ALL** Exam concerns.

* 3 options to deliver exams to the DSS Testing Office *

1. **Email exam**: DSSTest@umd.edu

2. **Fax exam**: 301.314.9478

3. **Hand-Deliver** in sealed/secured envelope to:

DSS Testing office - 0118 Shoemaker

- Note: We do NOT recommend sending exams by campus mail because of time constraints and security reasons.

Note! DSS Testing Office hours for exams

**9AM ~ 4PM**

Monday to Friday

Final exam week ONLY hours extended to
Monday - Friday 8 am - 7 pm ~ Saturday 8 am to 4 pm