ACADEMIC SUPPORT CENTER
College of the Redwoods
7351 Tompkins Hill Road, Eureka, CA 95501
Phone (707) 476-4106 / Fax (707) 476-4432

REQUEST FOR READER/SCRIBE SERVICES

Instructions: In order for us to accurately coordinate your reader/scribe services, please fill out the following information and submit it to an ASC employee at least *24* hours in advance of your test date.

_____
Last Name (PLEASE PRINT) *First Name* *Middle Initial*

_____
CR ID Number *Phone Number* *E-mail Address*

_____
Student Signature *Date*

Based on my testing accommodations approved through DSPS *and* noted on my test proctoring card, please schedule me a: (check only *one* of the following choices)

☐ *Reader only* ☐ *Scribe only* ☐ *Both a reader & scribe*

My class is: _____
Class Name *Instructor*

My test is scheduled for: _____
Date *Day* *Time*

The test is: (check only *one* of the following choices)

☐ *Essay* ☐ *Objective** ☐ *Both essay & objective*

* True/False, Definitions, Matching, Multiple Choice, Fill-in-the-Blank, etc.

For office use only: _____
Date received Received by

_____
Name of reader/scribe scheduled Module scheduled