



Office 208-732-6260 • TTY: 208-734-9929 • Idaho & Nevada 800-680-680-0274 x6260 • Secure FAX: 208-732-6799

Test Scheduling Form

Please request ASAP, preferably 1-2 weeks in advance.

Today's Date _____

Student Name: _____

Best way to contact me:

**I am requesting service(s) for:
Please select all that apply:**

Phone _____ Scribe Reader CCTV

Cell _____ Separate Test Room

Email _____ Instructor _____

Course Code or Class Name _____

Please list your preferred dates and times that will fit your schedule:

1st Choice **Date/Time** _____ **Length of Test** _____
(including extended time)

2nd Choice **Date/Time** _____

3rd Choice **Date/Time** _____

Where? Testing Center Other _____

Additional comments _____

<p>For Office Use Only: Provider (Reader/Scribe): _____ <small>(Circle one)</small> Confirmed with Student _____ <small>(Date)</small> Confirmed with Testing Center _____ <small>(Date)</small></p>
