



TEST REFERRAL REQUEST

Please complete this form so your test can be added to the Testing Calendar. Our Accommodation Specialist will contact your instructor to make arrangements and get a copy of the exam.

Student Name: _____

Student ID No.: _____

Course Name: _____

Instructor Name: _____

Date of Test: _____

Time of Test: _____

Special Notes:

Student Signature

Date (MM/DD/YY)

CF Accessibility Services
Ocala Campus Bryant Student Union, Room 204
352-854-2322, ext. 1209 | Email: disability@cf.edu

Disability Services approved accommodations are in accordance with the American Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973.