



OFFICE USE ONLY
Scheduled by: _____
Reminder sent by: _____

Borough of Manhattan Community College 199 Chambers Street
 The City University of New York New York, NY 10007-1097
 www.bmcc.cuny.edu tel. 212-220-8180
 fax 212-220-1264

RELEASE OF EXAMINATION FORM

Bring the completed form to the Office of Accessibility (Room N360) for scheduling
In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, BMCC provides reasonable accommodations to students with disabilities. The Office of Accessibility coordinates these accommodations. Accommodations for disabilities are determined by the Office of Accessibility on an individual basis, according to documented needs.

Part 1: TO BE COMPLETED BY THE STUDENT

Name: _____ Telephone#: _____ CUNY First ID#: _____

Course (Title &Section): _____ Classroom: _____

It is the student's responsibility to submit a completed Release of Examination to OA one week (7 days) prior to the scheduled examination date. Accommodations cannot be guaranteed otherwise.

I agree to uphold the integrity of the examination and follow the procedures for testing accommodations as outlined in the Office of Accessibility Testing Accommodations Agreement.

Signature of Student **Date**

Part 2: TO BE COMPLETED BY INSTRUCTOR

I agree to have the Office of Accessibility coordinate examination accommodations for this student on the date and time listed below. All exams will be returned to your department mailbox in a sealed envelope unless otherwise instructed.

Student's Exam Information

Please provide us information for when the *student* will be taking this exam

Exam Date: ____/____/____ Exam Time: _____ Length of Exam (given to class): _____ hour(s) _____ minutes Scantron Needed: <input type="checkbox"/> Blue Book Needed: <input type="checkbox"/>	Additional Exams: <input type="checkbox"/> CEAFE/MAPLE <input type="checkbox"/> CATW <input type="checkbox"/> Departmental	Initial what is allowed for the exam (for all students) Textbook ____yes ____no Dictionary ____yes ____no Class Notes ____yes ____no Calculator ____yes ____no Formula Sheet ____yes ____no
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Please check off/confirm how exam will be delivered to the Office of Accessibility:

Drop off in N360

Email to accessibility@bmcc.cuny.edu

Pick up from classroom/office/department
(Chamber St. campus only) _____

Online/Blackboard Exam

Please check off/confirm how you would like the completed exam returned/delivered:

Placed in Dept. Mailbox

Scanned & Emailed

Drop off to classroom
(Chamber st. campus only) _____

I will collect the exam from the OA

Name of Instructor & Telephone/Extension **Instructor Email Address** **Date**
 (Please print clearly)

The accommodation needs of a student can be verified by contacting the Office of Accessibility



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Part 3: OFFICE USE ONLY

Start Time: _____
End Time: _____

Student given exam by: _____
Office of Accessibility Staff (print name)

Reader/Scribe/Proctor (If needed): _____

Exam location: _____

If Student Forfeits Time:

I acknowledge that I will not be receiving my full accommodated time and understand that I cannot retake this test/quiz without permission from my professor.

Signature of Student

Date

Part 4: TO BE COMPLETED UPON RETURN OF EXAM

_____ **Room** _____ **PRINT NAME** _____ **Signature of Instructor/Department Staff** _____ **Date**

_____ Returned exam to Department Staff (Secretary/Professor)

_____ Returned exam to Professor (classroom or office)

_____ Professor picked up exam

Scanned and emailed by: _____
Office of Accessibility Staff Member

Date

Delivered by: _____
Office of Accessibility Staff Member

Date