

Accessibility Services Center Testing Center: Fairfield
 Phone Number: 707-864-7118
 In-Person Office Hours: Monday-Thursday 8:30AM-4:30PM

Location: Building 400, Room 442
 Email Address: asctesting@solano.edu

ASC Test Routing Slip Term: Fall _____ Spring _____ Summer _____ Year: 20 _____

Attn: Instructor: Please complete the routing slip and submit with the exam/quiz to asctesting@solano.edu

Routing Slip must be emailed prior to the 5-7 days of the exam date to allow time for scheduling the exam.

Exam must be emailed at least 2 business days before exam date.

Student's Name:

Instructor's Name & Inter-Office Mail Location:

Course:

For Instructor Use Only

Duration of test in classroom	Permitted Resources	Alternate Format	Special Instructions:
☐ 10 mins ☐ 20 mins ☐ 50 mins ☐ 75 mins ☐ 90 mins ☐ 2 hrs. ☐ Other (specify in detail)	☐ Calculator ☐ Dictionary ☐ Canvas/No Cost Textbook ☐ Scantron/Bluebook (circle) ☐ Other (specify in detail)	☐ Kurzweil ☐ Dragon ☐ Computer ☐ Exam Enlarged ☐ Other (specify in detail)	

Test: Day, Time, and Date

☐ Monday	8:30AM-4:30PM	Date/Start time:
☐ Tuesday	8:30AM-4:30PM	Date/Start time:
☐ Wednesday	8:30AM-4:30PM	Date/Start time:
☐ Thursday	8:30AM-4:30PM	Date/Start time:

Instructor:

Instructor's Contact Number:

Instructor's Return Delivery Method: ☐ Inter- Office Mail Bldg #: _____ ☐ Instructor Pick-up ☐ Student Hand Deliver

☐ Email (SCC email unless otherwise specified)

Instructor Exam Pick-Up Signature: _____ Date: _____

Accessibility Services Center Testing Office Use Only

☐ 1 ½ times the normal test time			
☐ 2 times the normal test time			
Routing Slip received	Date:	Time:	Staff initial:
Test received	Date:	Time:	Staff initial:
Start time	Date:	Time:	Staff initial:
Completion time	Date:	Time:	Staff initial:
Test returned	Date:	Time:	Staff initial: