

**Xavier University of Louisiana
Office of Disability Services
1 Drexel Drive Box 180
New Orleans, LA 70125**

**Office: (504) 520-7607
Fax: (504) 520-7917**

Alternative Testing Agreement Form

Student Information:

Name: _____ **Term:** Fall 20__ Spring 20__ Summer 20__

Id#: _____ **Contact #:** _____ **Email:** _____

Course Information: (Example: BIOL 101 01 General Biology)

Instructor Name: _____ **Instructor Email:** _____

Course Dept.: _____ **Number:** ____ **Section:** ____ **Title:** _____

The above named student qualifies for alternative testing because of a documented disability. The following accommodations are approved through ODS.

Approved Testing Accommodation(s): Please check (all that apply:

Extended Time ___ X1.5 ___ X2 ___ (specify) X___

Test Delivery Instructions: Check () one

___ Instructor will deliver exam to the Office of Disability Services (ODS).

___ Designee will deliver exam to the Office of Disability Services (ODS).

Designee Name: _____

Test Return Instructions: Check () one

___ Instructor will pick up exam from the Office of Disability Services (ODS).

Test picked up by instructor: Date: _____ **Time:** _____ **Initial** _____

___ Designee will pick up exam from the Office of Disability Services (ODS).

Designee Name: _____

Test picked up by designee: Date: _____ **Time:** _____ **Initial** _____

Please be aware that any and all disability-related information is confidential and should be treated as such. If you have any questions or concerns, please contact the Office of Disability Services by phone (504)520-7607 or email @ disabilityservices@xula.edu.