



FULLERTON COLLEGE
Disability Support Services

Request for Online Testing Accommodation Authorization

Date _____ Student ID # _____

Name _____

Instructor's Name _____

Course Title & Number _____ CRN _____

(↑ Example: HIST 112)

FOR OFFICE USE ONLY

Eligible for Services Updated Class Printout Instructor Letter Given

Received by _____

Date _____

Processed by _____

Date _____

Emailed by _____

Date _____

Completed & Logged by _____

Date _____