It is important that all information is legible and clear. Testing staff uses this form to administer your exam to your exact specifications.

INSTRUC	OK INFORMATION	v. Curie			Marie		
Please include a phone number or email where		(Last Name)	mcurie@	emtsac.e	<i>(First Nar</i> du	ne) (718) 674-1	1934
we may	contact you.	(Email Address)				Phone) (requ	
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If a TA or other Faculty member will be picking up or dropping off exams for you, please provide their info here. Only you or your designated person may drop off/pick up.

*Special note: students may drop off exams in a sealed envelope, but students cannot pick up exams. Only you, a TA, or another Faculty member may pick up exams. If you have a question about this, Please ask ASAC Testing staff.

Authorized Representatives/Designee

Name of Assistant / TA	Date	Drop Off	Pick Up	One Time	Semester	Inst. Init.
Albert Einstein	4/18		₹			МС

ADDITIONAL STUDENT INFORMATION:

		To be completed by ASAC staff				
STUDENT(S) NAME:	DATE	IN	INIT.	OUT	INIT.	
This is extra space for you to include more student names if						
they did not all fit on the front page.						

IMPORTANT:

Testing does not administer exams with accommodations.

Please contact ACCESS at ext. 4290 for students that require this service.

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Testing will only accept a max of 10 students for each individual exam. Whole class exams are not accepted.