

Request for Tutoring
Division of Academic Support
Palmer Center 203

Student Name: _____

Phone & email: _____

Can you receive text messages? Yes No

Subjects in which tutoring is needed:

_____	_____
_____	_____
_____	_____

When do you want to begin tutoring? _____

When are you available? _____

Comments: _____

I hereby authorize Academic Support Services to share information from my academic record with assigned tutors on a “need to know” basis. I understand the information shared with the assigned tutor will be used to assist me in classroom achievement and will not be used or shared with any person or entity outside the scope for which it is intended.

Student Signature

Date

Tutor assigned: _____

Date and time of first appointment: _____