



**Tutee**  
Request for Student Support Services Tutor

Name : \_\_\_\_\_ Social Security# (Last four digits) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Subject(s) in which you need tutoring:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Student Release: I hereby agree to give permission for the release of my transcripts, financial aid information and other personal records needed by Student Support Services for their files and program data.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Class Schedule:*

Class Professor	Monday	Tuesday	Wednesday	Thursday	Friday
<b>EX: ACA 115 Watts</b>					
Hours available for tutoring:					

*Student Work Schedule:*

Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Hrs: \_\_\_\_\_

**OFFICE USE ONLY:**

Tutoring Assignments:

Time/Days	Subject	Professor	Tutor
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Notified Tutee:

Notified Tutor:

Missed session by tutor:

Missed sessions by tutee:

Other Contacts: