

## APPLICATION FOR PROCTORING SERVICE

Note to Applicant:

- Prior to filling out this form, carefully read the Policy on Exam Proctoring and check with your educational institution to make sure all of the testing requirements can be met by the Wells County Public Library
- Fill out form and return it to the Reference Desk at least seven (7) days prior to test date.

Date of application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Library Card # \_\_\_\_\_

School Name: \_\_\_\_\_

School Telephone: \_\_\_\_\_

### **For Library Staff Use Only:**

Policy and procedure explained to patron (date & initial) \_\_\_\_\_

Date of test \_\_\_\_\_

Test received (date & initial) \_\_\_\_\_

Room booked, if available (date & initial) \_\_\_\_\_

Test completed by person named above (date & initial) \_\_\_\_\_

Test mailed or faxed back to school date: \_\_\_\_\_

Staff signature: \_\_\_\_\_

### **NOTES:**