



PUBLIC LIBRARY

### Proctoring Reservation Application

**Please note: A separate request form must be submitted for each test requiring a proctor. Submitting this form signifies you have read, agree to comply with and made your instructor or testing agency aware of the Proctoring Policy and Procedures of the Seguin Public Library.**

*Instructions: Please complete the application and return it to the Seguin Public Library. In the event of a cancellation due to extenuating circumstances (such as an illness) the proctor will make every effort to reschedule the exam.*

Name of Individual taking the test: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

email (required) \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Instructor's name: \_\_\_\_\_

Instructor's Phone Number: \_\_\_\_\_ Email (required) \_\_\_\_\_

Test Title \_\_\_\_\_ Test Date & Time: \_\_\_\_\_ Time Allowed: \_\_\_\_\_

External resources allowed? \_\_\_\_\_

Other information: \_\_\_\_\_

- I understand that testing will occur during regular library hours and testing time will end no later than 15 minutes before closing.
- I understand that I am responsible for checking with the testing agency or institution to verify that they accept the Seguin Public Library proctoring guidelines.
- I understand that I am responsible for arranging that the exam materials be sent to the proctor at the library's address or email address.
- I understand that I am responsible for contacting the Library to confirm that test materials have been received.
- I understand that I must show photo ID as proof of identity on the day of the test.
- I understand that I am responsible for bringing any supplies needed for the exam (calculator, pencils, etc.) and for charges resulting from the exam.
- I understand that the proctoring fee is non-refundable.

Initials:

**I hereby apply for proctoring services at the Seguin Public Library. I have read the Test Proctoring Policy and agree to follow the terms and conditions as stated in the policy. I understand that it is my responsibility to meet all the testing organization requirements.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Use Only:**

Date Application Received: \_\_\_\_\_ by Staff (name): \_\_\_\_\_

Test date: \_\_\_\_\_ Test time: \_\_\_\_\_ Staff (name) proctoring: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Room Scheduled: \_\_\_\_\_ Proctor entry in ScheduleBase: Yes \_\_\_\_\_ No \_\_\_\_\_

Test taken: Yes No Test rescheduled date: \_\_\_\_\_

Date mailed/submitted: \_\_\_\_\_ Date destroyed: \_\_\_\_\_