



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.
- 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.: _____ Test taken: Yes No Test rescheduled date: _____

Date mailed: _____ Date destroyed: _____