

# Lincoln Parish Library Test Proctoring Form

*Note to Student:*

*Prior to filling out this form, carefully read the Library's Proctoring Policy and check with your educational institution to make sure that all of the testing requirements can be met by the Lincoln Parish Library. Requests must be made 48 hours in advance.*

Student Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Institution name: \_\_\_\_\_

Institution contact: \_\_\_\_\_

Institution contact information: \_\_\_\_\_

Course name & number: \_\_\_\_\_

Type of Test: \_\_\_\_\_ Paper \_\_\_\_\_ Online \_\_\_\_\_ Unsure

Test dates and times requested: \_\_\_\_\_

**I have reviewed and agree to the Lincoln Parish Library's Proctoring Policy**

- I agree to pay all test-related expenses (printing, faxing, etc.) incurred.
- I understand that although the library staff will do its best to meet my scheduling needs, the library staff will make the final date and time decisions regarding the test schedule.
- I will arrive for the test at the scheduled time and date. If I do not arrive at the scheduled time, it will be my responsibility to contact the proctor to request another date and time.
- I understand that a library staff member is obligated to follow the instructions and time limits of the examining institution.
- I agree to follow all instructions of the library staff member regarding the test.
- I will provide my own supplies for taking the test, eg., scratch paper, calculator, pens, pencils, etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Library Staff Use Only:**

Staff member to proctor: \_\_\_\_\_

Scheduled date & time: \_\_\_\_\_

Date test/password received from institution: \_\_\_\_\_

Date & time completed and/or returned to institution: \_\_\_\_\_

**Expenses Incurred:**

Copies (.10 per page) \_\_\_\_\_  
Faxing (\$1.50 per page local or toll free/\$2.00 per page long distance) \_\_\_\_\_  
Postage: \_\_\_\_\_  
Total charges: \_\_\_\_\_  
Paid (staff initials): \_\_\_\_\_