

Proctoring Service Application

Note to Applicant:

Prior to filling out this form, carefully read the Proctoring Policy and check with your exam institution to make sure all of the exam requirements can be met by the library. The library reserves the right to refuse proctoring if requirements exceed staff or facility capabilities.

Date: _____

Exam Taker's Name: _____

Phone Number: _____

Email Address: _____

Exam Institution: _____

Instructor's Name: _____

Email Address: _____

By submitting this application for proctoring services, I acknowledge that I have read, understand, and will adhere to the Proctoring Policy for Bossier Parish Libraries.

Signature (or parent/guardian signature for child/teen 17 years of age or younger)

For Library Staff Use Only:

Exam Date: _____

Exam Receive Date: _____

Exam Completed Date: _____

Exam Return Date to Institution: _____

Return Method: _____

Staff Signature