



PROCTORING REQUEST FORM

Student Name: _____

Email Address: _____

Phone: _____ OR _____

Requested Exam Date: _____

Requested Exam Time: _____

Length of Time of Exam: _____ (i.e. 2 hours)

School: _____

Contact Information: _____

Exam Return Method:

- | | |
|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Express Post | <input type="checkbox"/> Email |
| <input type="checkbox"/> Email | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Registered Mail | <input type="checkbox"/> Online Submission |
| <input type="checkbox"/> Courier | <input type="checkbox"/> Other: _____ |

By signing bellow, I confirm that I have reviewed and accepted the conditions of the Orillia Public Library's Proctoring Services Policy. I assume all responsibility for ensuring that the policies and guidelines required by my school are met when taking an exam at the Orillia Public Library.

Signature

Date

Internal Use	Proctoring Fee Paid: Amount: \$ _____ Date: _____ Staff Initials: _____
Exam Fee Assessed \$ _____	
Exam Scheduled: _____ (date and time)	
Exam Received from student's school: _____ (date and staff initials)	
Exam Returned to School: Method: _____ Date: _____ Staff: _____	