

**Request for Examination Proctoring**

1. Student name \_\_\_\_\_
2. Phone number: home \_\_\_\_\_ cell \_\_\_\_\_
3. E-mail address \_\_\_\_\_ @ \_\_\_\_\_
4. Address \_\_\_\_\_  
Number/Street/PO/etc \_\_\_\_\_ City, State, Zip \_\_\_\_\_
5. School/Institution-name \_\_\_\_\_
6. Requested date you will take the exam \_\_\_\_\_
7. Requested time for exam \_\_\_\_\_
8. Length of time anticipated to finish exam \_\_\_\_\_
9. Special requests \_\_\_\_\_
10. Method of delivery for exam: \_\_\_ online \_\_\_ - \_\_\_ e-mail \_\_\_ USPS \_\_\_ fax
11. Method of return for exam: \_\_\_ online \_\_\_ - \_\_\_ e-mail \_\_\_ USPS \_\_\_ fax

To be signed by student:

I have read and agree to the ECRL Service Procedure for Proctoring:

\_\_\_\_\_

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To be completed by staff:

Branch \_\_\_\_\_

Staff member making appointment \_\_\_\_\_