East Central Regional Library
Request for Examination Proctoring

Student’s name: ________________________________________________________________

Phone number:    Cell _____________________________    Home ___________________________

E-mail address: ________________________________________________________________

Address: ________________________________________________________________
          Number/Street/PO                       City, State, ZIP

School/Institution name: _______________________________________________________

Requested date to take the exam: ________________________________________________

Requested time for exam: ______________________________________________________

Length of time anticipated to finish the exam: ________________________________

Special requests: ______________________________________________________________

Method of delivery for exam:         Fax _____________________     Email _________________________
          Other _____________________________

Method of return for exam:         Fax _____________________     Email _________________________
          Other _____________________________

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

______________________________________________________________________________

Student Signature

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To be completed by staff:

Branch: _____________________________

Staff member making appointment: _____________________________    Date: ______________

Staff member facilitating proctored test: _____________________________    Date: ______________