

Flagler County Public Library System
Exam Proctoring Request Form

Student's Information:

Student's name: _____

E-mail: _____ Phone: _____

Institution/University/Organization/Company Information:

Name: _____

Contact: _____

Class and Test Number: _____

Test Type: ___ Paper ___ Online ___ Don't Know

By signing below, you agree to the Exam Proctoring Policy and the following rules for taking an examination monitored by a staff member of the Flagler County Public Library:

1. I agree to pay \$15 in cash or credit/debit plus applicable fees to the library on the date of exam.
2. I understand that, although the library will do its best to meet my scheduling needs, the library will make the final date and time decisions regarding the test schedule.
3. I understand that the library has the right to cancel or change the date of the exam due to weather, computer malfunctions, etc.
4. I understand that the library has no legal obligation to provide proctoring and that the service is subject to availability of staff members and the ability of the library to provide the service without undue disruption of regular library services.
5. I understand that, due to daily business demands of a public library, a quiet environment cannot be ensured nor can library staff closely observe a student during the exam.
6. I understand that all photocopy (\$0.15/pg), faxing (\$1.00/pg), and return shipping charges are to be paid by the Student or the testing facility.
7. I will arrive for the examination at the scheduled time and date. If I do not arrive at the designated time, I will forfeit all fees that I have paid.
8. I understand that a library staff member is obligated to follow the instructions and rules of the examination sponsor and I agree to follow all instructions of the library staff member regarding the examination.
9. I understand that the library cannot assume responsibility for completed tests that are not received by the testing institution.

Student's Signature _____ Date _____

FOR LIBRARY USE ONLY _____

Test Proctor Fee Paid (date): _____

Exam received: _____ Student called: _____

Exam Date: _____ Exam Time: _____

Time / Length of Examination: _____

Test returned via Mail/Fax/Computer Submission (circle one) on: _____ Staff Initials: _____