## **Test Proctoring Form**

## Silver Falls Library•410 South Water St.• Silverton OR 97381 Reference Desk 503-873-8796

Please print this page, complete and submit to either the Adult Services or Youth Services Librarian.

Silver Falls Library District Proctoring Form (fill out one form for each class)

Patron Information	
Name:	
Address:	
Phone: Library Card #:	
Educational Institution Information	
Institution Name:	
Teacher/Contact Person:	
Subject/Class:	
<b>Test Information (</b> <i>Please note that we do not proctor online tests.</i> )	
Number of tests to be taken:	
Date all tests should be completed by:	
Please Check the Testing Area Requested	
☐ Index table/table in view of Reference Desk (no privacy; schedule with Adult Services Librarian)	
$\square$ Study Carel (some privacy; schedule with Adult Servic	es Librarian)
$\square$ Study Room (maximum privacy; schedule with Youth	Services Librarian)
I have read and agree to all terms and conditions of the SFLD Proc	toring Tests Procedures
Patron Signature Date	