

**Silver Falls Library District**  
**Proctoring Form**

**Patron Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Library Card #: \_\_\_\_\_

**Educational Institution Information**

Institution Name: \_\_\_\_\_

Teacher/Contact Person: \_\_\_\_\_

Subject/Class: \_\_\_\_\_

**Test Information**

Please note that we **do not** proctor online tests.

Number of tests to be taken: \_\_\_\_\_

Date all tests should be completed by: \_\_\_\_\_

<b>Scheduled Tests</b>	<b>Completed Tests</b>
<b>date &amp; time</b>	<b>date mailed or faxed</b>

**I have read and agree to all terms and conditions of the SFLD Proctoring Tests Procedures,**

\_\_\_\_\_  
Patron Signature

\_\_\_\_\_  
Date