

Racine Public Library

Application for Proctoring Service

Note to Applicant:

Prior to filling out this form, carefully read the Policy on Exam Proctoring and check with your educational institution to make sure all of the testing requirements can be met by the Racine Public Library.

Date of application: _____

Applicant's Name: _____

Address: _____

Telephone: _____

Library Card # _____

School Name: _____

School Telephone: _____

For Library Staff Use Only:

Policy and procedures explained to patron (date & initial) _____

Date of test _____

Test received (date & initial) _____

Room booked, if available (date & initial) _____

Test completed by person named above (date & initial) _____

Test mailed or faxed back to school Date: _____

Staff signature: _____

NOTES: