

Thomas Branigan Memorial Library Proctoring Request Form

Please print and fill out this form completely.

Student's Last Name	Student's First Name
Student's Phone #	Student's E-mail

Student Name:

Name of Educational Institution	Contact Name and Position
Address	Contact Phone #
Contact E-mail	Course Name: Course Number:

Length of exam		Written		Online	
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I acknowledge that I have read and understand the Thomas Branigan Memorial Library Guidelines for Proctoring Exams:

Student's Signature	Date
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Library Staff Check List: (Date and Initial)

Institution Approval Received	Picture ID Verified	
Exam Received (by email)	Exam Taken	
Exam Received (by postal mail)	Exam Returned to Institution	
Exam Scheduled	Receipt Verification	
Date & Time:	Exam/Copy Destroyed	

Notes: