



Proctor Security Agreement for Sussex County Community College

Proctor Qualifications:

- ♦ Is familiar with accepted practices for administering tests
- ♦ Has no vested interest in the student's scores
- ♦ Is not related to the student
- ♦ Is employed by an educational institution

I, _____, certify that I meet the proctor qualifications listed
(name of designated test proctor)

above, and I agree to administer the _____ test to

_____, ID # _____,
(name of student)

in a secure, proctored environment and to be present throughout the testing session.

I agree to verify the identification of the student named above by the use of a picture ID issued by a state or federal agency (i.e. driver's license, passport, military ID).

I agree to take all necessary precautions and actions to ensure the security and confidentiality of the test.

I agree NOT to reproduce or copy, in any fashion, in whole or part, any of the materials of the exam. I agree NOT to share, in any way, such materials with any unauthorized persons.

Agreed to and accepted by:

Designated Test Proctor _____
(Please print name here)

Signature _____ Date _____

Phone () _____ Email _____

Fax () _____

Complete this form and send it to: Kathleen Carr
SCCC Testing Center
Off Site Testing Proctor Request
1 College Hill Road
Newton, NJ 07860
(973) 300-2155
kcarr@sussex.edu