**Exam Location:** The student and proctor must procure a site appropriate for testing.* Exams are not to be administered in a home unless given special exception due to mobility limitations or special needs.

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**Student Information:**
I have read and agree to follow the guidelines listed in this document. I agree to comply fully with examination instructions and proctoring guidelines.

**Student’s Name:** Last Name  First Name  Middle Init.

_________________________________  _____________________________________
SCCC Student ID  Phone Number

________________________________
Student Mailing Address

________________________________
Student Email Address

________________________________
Student Signature  Date

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**Proctor Information:**

**Proctor’s Name (Please print clearly)**

________________________________
Place of Employment/Institution Name (if different From test site)

________________________________
Relationship to Student

________________________________
Business Phone

________________________________
Proctor’s Signature  Date

---

**Test Site Information:**

**Test Site Name**

________________________________
Mailing Address

________________________________
Business email

________________________________
Business Fax

________________________________
Date
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 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
carr@sussex.edu