

HENDRICK HUDSON FREE LIBRARY
APPLICATION FOR EXAM PROCTORING

Name: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Testing Information

Requested Test Date: _____

Educational Institution: _____

Contact: _____

Contact Information: _____

I have received, read and agree to the terms of the Exam Proctoring Policy of the
Hendrick Hudson Free Library.

Signature:

_____ Date: _____