

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: \_\_\_\_\_