

**EXAMINATION PROCTORING SERVICES  
AGREEMENT FORM**

By signing below, I agree to the following rules for taking an examination proctored by a staff member of the Santa Cruz City-County Library System:

1. I understand that there is a \$20.00 fee for this service, which I agree to pay before I take the examination.
2. I understand that when the Library staff agrees to proctor an examination, it is obligated to follow the instructions and rules of the examination sponsor.
3. I therefore agree to follow all instructions of the Library staff regarding the examination.
4. I understand that although the Library staff will do its best to meet my scheduling needs, final date and time decisions will be made by the staff.
5. It is my obligation to provide the Library staff with the examination instructions prior to beginning the exam.
6. I will arrive for the examination at the date and time set.

\_\_\_\_\_  
Signature and Date

NAME	
ADDRESS	
PHONE	
E-MAIL ADDRESS	
EXAM DATE	
EXAM TIME	
BRANCH	
STAFF	