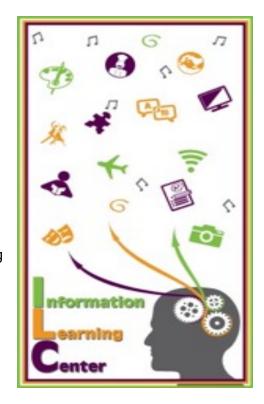
Student/Proctor Agreement

Student Agreement (please print legibly)

As a student, I agree to the following:

- I will be responsible for scheduling appointments for exams and making any arrangements for special accommodations with the proctor prior to the testing date.
- I will be responsible for providing a picture identification when taking tests.
- I will be responsible for proctoring fees if requested.
 - Active Duty & Hanscom AFB Civilian Employees: FREE
 - Contractor, Spouse/Dependent, Civilian: \$20



First Name:	M.I	_ Last Name:	
Rank/Base Affiliation:			
Address			
City, State		Zip Code	
Daytime Tel#			
Email			
Test to be administered:			
Institution testing for:			
Address		City, State:	
Zip Code			
Contact Person for your Institution:			
Contact Phone Number for your Institution			
Contact Email for your Institution:			
Signature:			Date: