Attachment B

Proctor Security Agreement for the Administration of the ACCUPLACER®

I, ____________________________________________, agree to administer the ACCUPLACER test(s) to (name of designated test proctor)

________________________________________, ID #________________________________________, (name of student(s))

In a secure, proctored environment and to be present throughout the testing session.

I agree to verify the identification of the student(s) named above by the use of a picture ID issued by a state or federal agency (driver’s license, passport, military ID).

I agree to take all necessary precautions and actions to ensure the security and confidentiality of the ACCUPLACER test items.

I agree NOT to reproduce or copy, in any fashion, in whole or part, any of the materials of ACCUPLACER. I acknowledge that all said materials are copyrighted, and I agree NOT to share, in any way, such materials with any unauthorized persons.

AGREE TO AND ACCEPTED BY:

Designated Test Proctor: ________________________________ (Please print name here)

Phone: ______________________________________________

Email: _______________________________________________

Signature: ___________________________________________ Date: __________________