

Test Proctoring Reservation Form

Date of Test: _____ Hours: From _____ To _____

Day Choice: Monday _____ Wednesday _____

Name: _____

Name of School/Organization: _____

Contact Information for School/Organization: _____

Materials Needed: _____

Does the Proctor have to be present in the room? Yes _____ No _____

Library Card Number: _____ Preferred Contact: Email _____

Phone _____ Maywood Library Card: _____

Non-Maywood Resident _____ fee \$5.00 _____

Your confirmation will be sent via email or by phone three (3) business days after submitting the completed Test Proctoring Reservation Form.

I accept full responsibility for leaving Library facilities in a clean and orderly condition, and for reimbursing the Library for any damage.

Signature

Date

DO NOT WRITE BELOW THIS LINE

DATE OF THE RESERVATION RECEIVED: _____ APPROVED BY: _____

CONFIRMATION DATE: _____ DENIED BY: _____

REASON FOR DENIAL: _____

TOTAL FEES PAID: _____
