



Proctor Security Agreement Form

I, _____, agree to administer the ACCUPLACER tests
(name of proctor)

to _____, ID # _____
(name of student) (Century Student ID or SSN)

in a secure, proctored environment and to be present throughout the testing session. I agree to verify the identification of the student named above by the use of a picture ID issued by a state or federal agency. Acceptable forms of identification include:

- A current driver's license
- A state approved photo ID
- A college ID
- A current state or federal ID card
- A current passport
- A tribal ID card
- A naturalization card or certificate of citizenship

I agree to take all necessary precautions and actions to ensure the security and confidentiality of the ACCUPLACER tests and the student's testing information. I agree NOT to reproduce or copy, in any fashion, in whole or part, any of the materials of the ACCUPLACER system. I acknowledge that all said materials are copyrighted, and I agree NOT to share, in any way such materials with any unauthorized persons.

AGREED TO AND ACCEPTED BY:

Designated Test Proctor: _____
(signature)

Telephone Number: _____

Email address: _____

Date student will be testing: _____

Please fill out the above form and mail to:

Century College
Testing Center
3300 Century Ave N
White Bear Lake, MN 55110

Or

Fax to 651.779.5811

****The form must be received **at least 2 business days** in advance of the student's scheduled test date.*