



This place changes people.

**Proctor Security Agreement
for the Administration of
ACCUPLACER Computerized Placement Tests**

I, _____, agree to administer the ACCUPLACER
(name of designated proctor)
English and/or math test(s) to _____,
(name of student)
Social Security # XXX-XX-_____ in a secure, proctored environment, and to be present
throughout the testing session(s).

- 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 (driver's license, passport, military ID).
- I agree to take all necessary precautions and actions to ensure the security and confidentiality of the ACCUPLACER Computerized Placement Test.
- 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: _____
(type or print name)

Title: _____

Institution: _____

Address: _____

Work phone: _____ Cell phone: _____

E-mail address: _____

Signature: _____ Date: _____

Please fax this form to (415) 257-0177.