

**ATTENTION:**

**PROCTOR: For verification purposes, please provide website address and/or business card.**

## PROCTOR SECURITY AGREEMENT FOR ADMINISTRATION OF THE ACCUPLACER PLACEMENT EXAM

I, \_\_\_\_\_, agree to administer the ACCUPLACER  
(Proctor Name)

Placement Test 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 Basic Skills Test item pools.

I acknowledge that all materials displayed by the ACCUPLACER System are copyrighted, and I agree NOT to reproduce these in any way or to share them with any unauthorized persons.

I further acknowledge that the student is not directly related to me and that any violation of this agreement will result in termination of score acceptance to ENMU-Roswell.

### AGREED TO AND ACCEPTED BY:

Proctor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Work e-mail address: \_\_\_\_\_

Work website address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT INFORMATION

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

ENMU-R Email Address: \_\_\_\_\_

Please circle the test sections required:                      English-Essay                      Mathematics

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this form and send it to:** ENMU-Roswell, Testing Services, 52 University Blvd, RIC 208 (2<sup>nd</sup> Floor), Roswell NM 88203. **Fax:** 575-624-7331. **Email:** testing.services@roswell.enmu.edu