



Union Public Library

1060 Stuyvesant Ave.

Union, NJ 07083

908-851-5450 x3

TEST/EXAM PROCTORING SERVICES APPLICATION

Please call the Library at 908.851.5450, ext. 3 or email: unionpl@uplnj.org in case of cancellation or rescheduling.

Student Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Name of Testing Institution: _____

Name of Instructor: _____

Course Name and Number: _____

Test Date/Time: _____

Institution Mailing Address: _____

Institution Contact Phone Number: _____

Institution Contact Fax Number: _____

Institution Contact Email Address: _____

Payment: Township of Union resident \$5.00 MURAL System-Resident \$15.00

Payment Received by: _____

Please read the Proctoring Services Policy carefully before signing the agreement below:

I, _____ (Printed Name), have read, understand, and accept the terms of the Exam Proctoring Services Policy.

Student Signature: _____ Date: _____