



**University of Nebraska-Lincoln
Department of Special Education & Communication Disorders**

Proctor and Off-Campus Site Authorization

Student's Name: _____ Phone No. _____

Exam: _____ **Exam Date:** _____

Proctor Information:

Proctor Name: _____

Address: _____

Email: _____ **Phone No.** _____ **Fax No.** _____

I verify that I am actively involved in the educational field as a teacher, a counselor, or an administrator at any level (elementary, secondary, coop ext. personnel, or college). I am not a family member; I do not report nor does the student report to me in an employment setting. Test control officers or superior commissioned officers may serve as proctors for military personnel. Students overseas may use American embassy or consular officials or approved non-family members. I understand the student is responsible for any fees associated with proctoring examinations. I agree to proctor the exam on the date noted above.

Signature of proctor _____

Site Information:

Site Name: _____

Address: _____

Contact: _____

Email: _____ **Phone No.** _____ **Fax No.** _____

The student named above has been approved to take examinations from the University of Nebraska-Lincoln on the date noted. This facility is able to provide the student with a computer and Internet access at this time. We understand any cost associated with the use of the facility or the Internet is the responsibility of the student.

Signature of facility agent: _____

Signature of student: _____

Mail or fax completed form to:

Graduate Secretary
University of Nebraska-Lincoln
Special Education & Communication Disorders
318 Barkley Center
Lincoln, NE 68583-0738
Phone: 402-472-2141
Fax: 402-472-7697