

KANSAS ONLINE PROCTOR FORM

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|--|-------------|
| Student's Licensed Legal Name: (Please PRINT clearly) | |
| Home Address: | |
| City, State, and Zip: | |
| Social Security Number: | |
| I am enrolled in: | |
| I affirm that the work submitted herein is my own work and that no one assisted me with the completion of this written examination. | |
| _____ | _____ |
| Signature of Student | Date |

| | |
|--|-------------------|
| Proctor's Full Legal Name: (Please PRINT clearly) | |
| Profession/Title/Position: | |
| Institution/Company Name: | |
| Company Address: | |
| City, State, and Zip: | |
| Social Security Number: | E-mail: |
| Daytime Phone No.: | Fax No.: |
| Exam Site: | Exam Date: |
| <input type="checkbox"/> I affirm that to the best of my knowledge, the work submitted herein is the work of the above mentioned student. I have verified the student's identity by means of photo identification. | |
| <input type="checkbox"/> I affirm that I am a human resources or training department staff member; a member of senior management or immediate supervisor from the student's place of employment; a licensed librarian from a public, college, or university library; a professor or teaching faculty member at a local college or university; a clergyman; or a police officer. I also affirm that I am NOT RELATED to the student taking this exam. | |
| _____ | _____ |
| Signature of Proctor | Date |

RETURN THIS ORIGINAL COPY TO FINANCIAL STRATEGIES

Mail or Fax to: 695 Pro-Med Ln. Carmel, IN 46032 Fax: 317-566-0601