

# WEST VIRGINIA ONLINE PROCTOR FORM

PLEASE NOTE: THE STATE OF WEST VIRGINIA PROHIBITS THE STUDENT'S EMPLOYER OR FAMILY MEMBERS FROM ACTING AS A PROCTOR!

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

<b>Proctor's Full Legal Name:</b> (Please PRINT clearly.)	
<b>Profession/Title/Position:</b>	
<b>Institution/Company Name:</b>	
<b>Company Address:</b>	
<b>City, State, and Zip:</b>	
<b>Social Security Number:</b>	<b>E-mail:</b>
<b>Daytime Phone No.:</b>	<b>Fax No.:</b>
<b>Exam Site:</b>	<b>Exam Date:</b>
<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.	
I AFFIRM THAT I AM NOT A FAMILY MEMBER, HUMAN RESOURCES OR TRAINING DEPARTMENT STAFF MEMBER; A MEMBER OF SENIOR MANAGEMENT OR IMMEDIATE SUPERVISOR FROM THE	
<input type="checkbox"/> STUDENT'S PLACE OF EMPLOYMENT. I affirm that I AM 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.	
_____	_____
<b>Signature of Proctor</b>	<b>Date</b>

**RETURN THIS ORIGINAL COPY TO FINANCIAL STRATEGIES**

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