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STUDENT/PROCTOR VERIFICATION FORM

**This completed form must be returned to NDSBA with your examination to validate it.*

Student Name: _____

School District: _____

Proctor Name*: _____

**Must be a school district administrator not related to the student.*

Name of Examination: _____

Dates Examination Taken: _____

Location(s) Where Test Was Taken: _____

PROCTOR GUIDELINES:

Please initial next to the following rules, verifying that the student adhered to them:

____ The student did not consult with anyone on answers to the exam questions.

____ The student did not provide guidance on exam answers to others taking the exam.

____ The student did not photocopy the exam, email it, otherwise make a copy of it, or send it to anyone.

____ The student adhered to the exam deadline.

NOTE: The student is authorized to take the exam using online resources and/or course material.

STATEMENT OF VERIFICATION:

I, the above named student, hereby verify that I have independently completed this examination and did not share the exam or my answers with anyone.

Student's Name: (print) _____

Student's Signature: _____

Date: _____

I, the above named proctor, hereby verify that I have supervised the administration of this particular examination. The above named student has completed this examination following all regulations as outlined above.

Proctor's Name: (print) _____

Proctor's Signature: _____

Date: _____