



Proctoring Services for Other Agencies

Please review the proctor authorization information from your school/agency to determine what information is needed by them. Most institutions require the following information:

Contact information

Redwood	Riverside	Table Rock
Wiseman Testing Center Char Pilger, Lead Proctor 3345 Redwood Hwy. Grants Pass, OR 97527 Phone: 541-956-7340 Fax: 541-471-3534 Email: rweproctors@roquecc.edu	G-109 Bob Keadle, Lead Proctor 117 S. Central Medford, OR 97501 Phone: 541-245-7777 Fax: 541-245-7651 Email: rveproctors@roquecc.edu	Phoenix Center Bonnie Conard, Lead Proctor 7800 Pacific Ave. White City, OR 97503 Phone: 541-245-7820 Fax: 541-245-7975 Email: trcproctors@roquecc.edu

Please bring a signed copy of this form to the testing center when you come in to test the first time. The form will be kept on file for one year.

1. Appointments are required. Please contact the testing center approximately two weeks prior to the date you would like to test for appointment scheduling.
2. Set your appointment early enough to complete the exam and have it returned (mailed) to your institution/agency within the deadline. Note: if you wait until the last minute to set your testing appointment, we may not have an opening that works with your testing deadline.
3. Appointment days and times may change each term. Please contact the testing center for term hours.
4. There may be limited testing offered during RCC finals weeks; limited or no testing may be offered during breaks between terms.
5. Please cancel your appointment if you cannot keep it.
6. Faxing/return of proctor verification forms is the responsibility of the tester unless otherwise indicated by the sending institution or agency.
7. Return envelopes, postage and other exam fees are the responsibility of the tester unless otherwise indicated by the sending institution or agency.

A \$25 testing fee will be charged per exam—please pay the cashier before testing; then bring the receipt to your test appointment. **Your photo ID is required to test.**

I agree to follow the policies of the Rogue Community College testing centers.

(Signature)	Date
(Print name)	Phone