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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.

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### 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: \_\_\_\_\_