



UNIVERSITY of HAWAII®
KAPI'OLANI
COMMUNITY COLLEGE

ACCUPLACER Proctor Security Agreement

Dear Off-Campus Proctor:

Thank you for agreeing to supervise the ACCUPLACER exam for our student. Please be sure you can comply with the following regulations and can supervise the exam for the entire exam period at your place of business. In an effort to follow the standardized testing guidelines established by the College Board and Kapi'olani Community College we are asking all proctors who administer the ACCUPLACER off campus to read the following and sign below.

- Proctors must be a responsible adult 18 years of age or older familiar with accepted practices for administering standardized tests.
- Proctors may not be a peer of the student. Proctors may not be a friend of the student.
- Proctors must have no vested interest in the student's scores
- Proctors must not be related to the student
- Proctors may not be employed at a test preparation company.

All ACCUPLACER tests must be administered in the presence of an authorized proctor in a secure testing environment for the duration of the test session. Proctors are responsible for identifying an appropriate lab, making arrangements to test the student, and setting up the test for each individual student to ensure security and confidentiality.

I, _____, agree to administer the ACCUPLACER Exam(s) to
(proctor name)
_____, in a secure, proctored environment and to be
(student name) present throughout the testing sessions.

I agree to verify the identification of the student named above by the use of a government-issued picture ID (driver's license, state ID, military ID, passport).

I agree to take all necessary precautions and actions to ensure the security and confidentiality of the ACCUPLACER Computerized Placement tests (CPTs) item pools.

I agree NOT to reproduce or copy, in any fashion, in whole or part, any of the materials of the ACCUPLACER system. I acknowledge that all said materials are copyrighted, and I agree NOT to share, in any way, such materials with any unauthorized person.



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The designated test proctor should return completed forms by scan/e-mail to dcabatu@hawaii.edu OR via fax at 808.734.9453. Login instructions will be sent to the designated test proctor 48 hours prior to the requested date/time as noted below.

Appointment Details:

Requested Test Date: _____ Requested Test Time: _____

Student Information:

Student Name: _____
Last First Middle Initial

UH Number: _____ Date of Birth (MM/DD/YYYY) _____

Phone: (_____) _____ E-mail Address: _____

Student Signature: _____ Date: _____

Agreed to and accepted by:

Designated Test Proctor: _____

Title: _____

Proctor Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Bus. Phone: (_____) _____ E-mail: _____

Fax: (_____) _____ Website (if any): _____

Proctor Signature: _____ Date: _____