### Student Agreement (Please print legibly)

As a student, I agree to the following:

- To provide a stamped envelope for return of the exam, addressed to RCC Norco Campus
  
  2001 Third St.
  
  Norco, CA 92860-2600 ATTN: Janet Frewing

- To be responsible to locate a proctor and to set up an appointment for each exam.

- To take the exams during the possible exam dates at a time that is convenient for the proctor.

Student Name _______________________________ ID# __________________________

Email ___________________________________________ Email ___________________________________________

Address __________________________________________ ____________________

Phone (  )___________________________________ Phone (  )____________________________________

City ____________________________________________ State _____________ Zip Code ____________________

**By signing this form, I (the student) agree to comply with the policies and procedures of Riverside Community College and those set forth in this document.**

Student Signature ___________________________________ Date ____________________

### Proctor Agreement (Please print legibly)

As a proctor, I agree to the following (Choose the one that applies):

- I am a librarian, testing coordinator, administrator, or a teacher at a community college, university, elementary or secondary school.

- I am a chaplain, testing administrator, or education services officer for the military.

**NOTE:** If proctor does not match one of the choices above, this form will be denied.

I also agree to the following:

- I am not a current student of Riverside Community College. I am not a relative of any RCC student, nor do I live at the same address as any RCC student.

- I will validate the exam(s) by signing where indicated.

- I will personally mail the completed exam(s) to the instructor at RCC Norco, immediately after the student has completed the exam(s).

- I will do this voluntarily and will not receive any remuneration for my time or service.

Proctor Name _______________________________________ Title ______________________________________

Institution ____________________________________________________________________________________

Address (at institution) __________________________________________________________________________

City ___________________________ State _____________ Zip Code ____________________

Email address (at the institution) _________________________________________________________________

Phone Number: Employer’s (  )_________________________ Proctor’s Daytime (  )____________________

**To protect the security and integrity of the exams and testing process, all exams must be mailed/ emailed to the institution where the proctor is employed as an educator or military service officer.**

**By signing this form, I (the proctor) agree to comply with the policies and procedures of Riverside Community College and those set forth in this document.**

Proctor Signature ___________________________________ Date ____________________

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**PLEASE KEEP A COPY FOR YOUR REFERENCE**