



**NORCO COMMUNITY COLLEGE**  
**2001 Third Street**  
**Norco, CA 92860-2600**  
**(951) 372-7000**

Instructor:  
 Bob Prior  
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**STUDENT / PROCTOR AGREEMENT FORM**

Name of Course Enrolled In		5-digit class code	
Instructor's Name		— — — — —	

**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: *Bob Prior*
- 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 \_\_\_\_\_

Address \_\_\_\_\_ 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 the 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 \_\_\_\_\_