

Exam Proctor Request Form

Contact Information

Student Name: _____

Address: _____

Email: _____

Phone: _____

Issuing Institution

Institution Name: _____

Contact Person: _____

Email: _____

Phone: _____

Exam Information

Date requested: _____

Exam format: _____

Exam return method: _____

Detach this portion and take it with you- you'll need it to arrange for an examination package to be sent directly from your academic institution to Edmonton Garrison Community Library.

Edmonton Garrison Community Library
P.O. Box 462 (Bldg. 161 Rm. 32)
Lancaster Park, AB
T0A 2H0

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Fax: (780) 973-1598
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