



## Assessment Center Testing Authorization

**ROCK HILL ASSESSMENT CENTER**  
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**CHESTER ASSESSMENT CENTER**  
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P: (803) 385-0474 / F: (803) 581-5434

**Instructions**

Clear Form

- Each Testing Authorization must be filled out completely
- A valid deadline date **MUST** be present
- For paper tests, instructors **MUST** write their name **AND** the student's name on the test.

Instructor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Email Address: \_\_\_\_\_

Test Open Date: \_\_\_\_\_ Test Close Date: \_\_\_\_\_

Course: \_\_\_\_\_ Section \_\_\_\_\_ Online Test Password: \_\_\_\_\_

Time Allowed: \_\_\_\_\_

Test Name and Number: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Select ALL that Apply**

Calculator: Basic    Scientific    Graphing    or Other    Explain: \_\_\_\_\_

Scantron: Yes    No

Book(s): \_\_\_\_\_

White Board?    Yes    No    Thesaurus    Dictionary

Scratch Paper?    Yes    No    Return Scratch Paper to Instructor?    Yes    No

Notes?    Yes    No    Return Notes to Instructor?    Yes    No

Check Photo ID

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

**Test Return Instructions**

**Return to Division Office**

**Instructor Pickup**