

**REQUEST TO USE ASSESSMENT INSTRUMENTS**  
**EDUCATIONAL RESOURCE CENTER**  
**116 ALLYN HALL**

The first section is to be completed by the applying test file user, returned to the ERC, and kept on file there.

I understand that ONLY the staff of the Educational Resource Center is authorized to take the test out from the files and that all test materials are to be returned to the Educational Resource Center. (Please use ink.)

_____ (signature of test user)	_____ (social security number)
_____ (address)	_____ (daytime phone number)

I would like to use the following test(s):

NAME OF TEST(S):

\_\_\_\_\_  
\_\_\_\_\_

This next section is to be completed by a full-time faculty member of the College of Education and Human Services. (If the request is to use a character personality test or an intelligence test, this form must be signed by a full-time CEHS faculty member who is a LPCC or a psychologist. The test must be signed out to the licensed person, not the actual test file user. A current list of these individuals is available from the ERC front desk.)

\_\_\_\_\_, who is registered as a student in  
(student's name)

\_\_\_\_\_, is given permission to use the test files of the  
(course number)

Educational Resource Center. This request is valid for \_\_\_\_\_  
(quarter) (year).

\_\_\_\_\_  
(signature of full-time CEHS faculty member)

\_\_\_\_\_  
(printed name of full-time CEHS faculty member)

(Return the completed form to the Educational Resource Center, 116 Allyn Hall. It will be filed there for the duration of the quarter to which it applies.)