

Test Delivery Agreement CCD Academic Departments Only

The Testing Center is offering a test delivery service to all departments and instructors that use our services. If both the department and instructor join the service, we will deliver completed and expired exams to your department weekly.

DEPARTMENT INSTRUCTIONS

Departments must opt into the Testing Center's delivery service before instructors can participate in the program. To opt into the delivery service, (1) department chair/office manager must complete the Testing Center's Test Delivery Agreement form (located on the back of this sheet).

The Test Delivery Agreement must be signed and returned to the Testing Center (Confluence, Room 216) or emailed to michele.hosaka@ccd.edu. Failure to do so will result in the delay of the test delivery service for instructors.

SCHEDULED DELIVERY DATES & TIMES

The weekly scheduled time and day of the test delivery service will be coordinated between the Testing Center and primary department test recipient.

HOW INSTRUCTORS JOIN/CANCEL THE TEST DELIVERY SERVICE

Instructors choosing to opt into the Testing Center's delivery service will receive delivered exams to their department once a week. After exams have been delivered and signed for, the Testing Center is no longer responsible for those exams.

For instructors to opt into the delivery service, they must complete the Testing Center's Service Request online form. The Service Request online form is located on the Testing Center's website under 'CCD Instructor'. Exams will continue to be delivered to the instructor's department until the instructor opts out of the service. To opt out of the delivery service, instructors must complete the Testing Center's Service Request online form.

TEST DELIVERY AGREEMENT CCD ACADEMIC DEPARTMENTS ONLY

This section to be complete by a department chair or office manager

Department Chair/Office Manager	
Department Chair/Office Manager Name:	Department Name and Location:
Phone Number:	Email Address:
Primary Department Recipient	
Primary Recipient Name:	Position Title:
Phone Number:	Email Address:
Secondary Department Recipient	
Secondary Recipient Name:	Position Title:
Phone Number:	Email Address:

TEST DELIVERY AGREEMENT		
<ul style="list-style-type: none"> The Testing Center is no longer responsible for the delivered exams after they have been initialed and handed off to the Department Recipient. If the Department Recipient is unavailable to receive exams and/or the Department Recipient has changed, the Testing Center must be notified 48 hours in advance. Failure to notify the Testing Center will result in a (1) week suspension of the delivery service. <p style="text-align: center;"><i>I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.</i></p>		
Department Chair: _____ <div style="text-align: center; font-size: small;">Print Name</div>	_____ <div style="text-align: center; font-size: small;">Signature</div>	_____ <div style="text-align: center; font-size: small;">Date</div>
Primary Recipient: _____ <div style="text-align: center; font-size: small;">Print Name</div>	_____ <div style="text-align: center; font-size: small;">Signature</div>	_____ <div style="text-align: center; font-size: small;">Date</div>
Secondary Recipient: _____ <div style="text-align: center; font-size: small;">Print Name</div>	_____ <div style="text-align: center; font-size: small;">Signature</div>	_____ <div style="text-align: center; font-size: small;">Date</div>