



eLightenment Solutions – Exam Seat Request Form

Email the completed form to learn@elighentalabama.org

1. Proctor Information

Organization/School/Training
Program Name: _____
Proctor Name: _____
Title/Role: _____
Email Address: _____
Phone Number: _____

2. Exam Session Details

Exam Title: _____
Requested Exam Date: _____
Requested Exam Time: _____
Exam Location (Facility Name): _____
Testing Location Address: _____
Total Number of Students Testing _____

3. Payment Responsibility (Required)

How will exam seats be paid for? Please select one:

Option A — Group Payment (Proctor/Organization Paying)
The proctor/organization will pay for all exam seats.

Number of seats to invoice for: _____

Option B — Individual Student Payment
Each student will pay individually through the eLightenment Solutions.

Number of students paying individually: _____

Option C — Mixed Payment
Some seats will be paid by the proctor/organization, and some by the students individually.

Number of seats the organization will pay for: _____

Number of seats students will purchase
individually: _____

4. Student Roster

	Student Name	Student Email	Payment Method <i>(Group / Individual)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

5. Proctor Agreement

By submitting this form, I certify that:

- I am the authorized group leader/proctor for this exam session.
- All students listed are eligible to test.
- I understand that exam seats will **not** be confirmed until payment arrangements are verified.
- I agree to follow all exam security and testing procedures.

Proctor Signature: _____

Date: _____

Type Name: _____

6. Office Use Only – eLightenment Solutions

Seats Approved: _____

Invoice Amount: _____

Invoice Sent On: _____

Approved By: _____

Session ID: _____

Notes: _____