

***For Students and Faculty
Permission to Use
Laurentian University Psychology Department's
Psychological Tests and Equipment
"A" Level Tests***

I acknowledge that I have been granted permission to borrow a psychological test(s) and/or equipment. Failure to return a test can result in a fine or loss of test-borrowing privileges. If you need the test longer than anticipated, please make arrangements to renew borrowing time.

I agree to be responsible for the materials in my care and that I will cover all losses from my failure to return the materials as required and in the same condition.

I have read the handout on Test Security and agree to follow recognized psychological standards for the use of tests.

I will not borrow equipment if I have not been instructed in its use.

Name of Test _____
Returned (Signature)

Name of Test _____
Returned (Signature)

Print Your Name: Student/Professor _____
Student Number _____
Course Number

Email Address: _____ Telephone #: _____

Date: _____

***For Students and Faculty
Permission to Use
Laurentian University Psychology Department's
Psychological Tests
"B" Level Tests***

I acknowledge that I have been granted permission to borrow a psychological test(s). Failure to return a test can result in a fine or loss of test-borrowing privileges. If you need the test longer than anticipated, please make arrangements to renew borrowing time.

I agree to be responsible for the materials in my care and that I will cover all losses from my failure to return the materials as required and in the same condition.

I have read the handout on *Test Security* and agree to follow recognized psychological standards for the use of tests.

Name of Test

Returned (Signature)

Name of Test

Returned (Signature)

Print Your Name: Student/Professor

Student Number

Course Number

Email Address: _____ Date: _____ Telephone #: _____

Signature of Supervising Professor

For Graduate Students and Faculty

Permission to Use Laurentian University Psychology Department's Psychological Tests "C" Level Tests

I acknowledge that I have been granted permission to borrow a psychological test(s). Failure to return a test can result in a fine or loss of test-borrowing privileges. If you need the test longer than anticipated, please make arrangements to renew borrowing time.

I agree to be responsible for the materials in my care and that I will cover all losses from my failure to return the materials as required and in the same condition.

I have read the handout on Test Security and agree to follow recognized psychological standards for the use of tests. I further acknowledge that the use of C level psychological tests requires that I be registered or be supervised by a registered psychologist.

Name of Restricted Test

Returned (Signature)

Name of Restricted Test

Returned (Signature)

Print Your Name: Student/Professor

Date

Email Address: _____

Telephone #: _____

Signature of Registered Psychologist