FAU
TESTING AND CERTIFICATION
Florida Atlantic University

Parent Responsibilities

I understand that a valid, Non-Expired Photo ID from the list below is required from the **test taker**, regardless of age. There are no exceptions to this policy. The name in which you registered must match the ID presented (example: Double or hyphenated last names). If the ID presented on test day has two last names, then you MUST register with using both last names**. No school ID's, photocopies, or pictures of ID's will be accepted**. Please check which ID will be presented on test day.

- ☐ **Current Driver's License**
- ☐ **Current Passport**
- ☐ **State Approved ID** http://www.flhsmv.gov
- ☐ **Notarized Accuplacer Student ID Form**
- ☐ **Military ID**
- ☐ **Tribal ID Card**

I acknowledge that I am accountable for ensuring that I pick up my minor child from the test center location. I also acknowledge the importance of being near the test center when my minor child completes the test. While waiting for my minor child to complete the test, I cannot wait in the test center or any FAU business offices in the building. I understand that the test center staff cannot take on the responsibility of caring for my minor child. I am fully aware that the safety and well-being of my minor child are solely my responsibility as the parent or guardian, and this responsibility does not fall upon the test center staff. I comprehend that test center staff will not be held accountable for unattended children or notifying me once my child's test has concluded. Moreover, I understand that it is not permissible for my minor child to remain in the testing center to wait for a parents'/guardians' arrival following the completion of the examination.

☐ **Initial Here**

In any situation where a Parent/Guardian is not present upon completion of the exam within 15 minutes, the Testing Staff will submit an irregularity report to FAU High noting that Testing Center policy was not followed.

☐ **Initial Here**

Please Bring This Completed Form on Test Day

_____ _____

Name of Student Testing **Date Testing** **Phone Number**

_____ _____

Printed Name of Parent/Guardian