

Psychology Assessment Materials  
Room PSY 204

**LOAN AUTHORIZATION**

Print Name \_\_\_\_\_ FR SO JR SR Grad Faculty

Major \_\_\_\_\_ ID# \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Course or Purpose \_\_\_\_\_ Date \_\_\_\_\_

**Tests Requested** (write out full name)      **Level**      **PAM Location**

<b>Tests Requested</b> (write out full name)	<b>Level</b>	<b>PAM Location</b>
1.		
2.		
3.		

**Notice to Instructor:** Do not sign blank cards. It is your responsibility to ensure that students are authorized to check out only test materials that they are qualified to administer and interpret, and to ensure that appropriate control is maintained during use and handling to prevent compromise of test content.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Signature & Name