

Old Dominion University Computer Services Optical Scanner Delivery Information

Introduction:

The goal of Computer Services is to provide confidentiality and security of sensitive test related materials. The Operations Staff will deliver your processed *Optical Scanner* output and answer sheets to your office or department weekdays between 09:00 and 16:00. To do so we must have the information listed below completed. The instructor/professor is expected to sign this form in receipt of the completed results. In the absence of the instructor / professor, secretarial or office staff will be allowed to sign for the tests. This sheet will be retained by the Operations group in Hughes Hall for audit trail and accountability purposes. Any problems or questions concerning deliveries should be directed to the Operations Supervisor in person or through extension 3-3189.

Please PRINT ALL information below:			
Instructor / Professor:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <small>Title, First Name, Last Name</small>		
On-Campus Address:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
Department:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
Building & Room No.:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
	<table style="width: 100%;"><tr><td style="width: 50%;"><div style="border: 1px solid black; height: 30px; width: 100%;"></div><small>Phone Extension</small></td><td style="width: 50%;"><div style="border: 1px solid black; height: 30px; width: 100%;"></div><small>No. of Test Packets:</small></td></tr></table>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <small>Phone Extension</small>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <small>No. of Test Packets:</small>
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***** ATTENTION *****

The above information indicates what materials you are receiving. Please verify that all materials are present before signing this form. Also verify that the material is being delivered to the correct office. If not, ask the deliverer to return the material back to Computer Services.

Acceptance Signatures:

Date / Time Received: ___ / ___ / ___ ___ : ___

Deliverer Init.: _____

Signature of Acceptor: _____

**Old Dominion University
Computer Services
Optical Scanner Delivery Information**

C:\MYFILES\OpticalScannerDelivery