



INVIGILATOR VERIFICATION STATEMENT

We need this statement from you before we can release the student's exam grades. Please fill in the statement and email it back to me at angie@bcsls.net

- Do this **after** the student has written the exam.

If you have any questions or concerns, please call or email the office. Your assistance is greatly appreciated. 604-714-1760, angie@bcsls.net

I, _____ VERIFY THAT I AM ACTING AS INVIGILATOR
Invigilator's Full Name

FOR THE STUDENT, _____
Student First and Last Name

The Student is writing the following exam(s) in my presence. **Chemistry** **Hematology**

I FURTHER VERIFY (click all that apply)

- THE STUDENT DID NOT USE BOOKS OR OTHER RESOURCES AS THIS IS A CLOSED BOOK/INTERNET EXAM. (Internet is only allowable to access the exam)
- I am not a friend or family member of the student.

Invigilator's email: _____

Invigilator's Cell: () -