

## PAE DISCLOSURE FORM

- *Please sign and return to AST prior to exam administration. You may FAX the Disclosure Form to (303) 694-9169.*

I understand the policies and procedures explained in the PAE Instruction Manual. I agree to follow and enforce each requirement. I understand that if required policies are not followed, exam scores will not be provided by AST. I agree to conduct the handling and administration of this exam with honesty and confidentiality. Violation in any way may result in suspension from exam access which will, in turn, affect compliance with accreditation standards.

Proctor Name Printed: \_\_\_\_\_

School Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Proctor Signature: \_\_\_\_\_

Number of Students Taking the Exam: \_\_\_\_\_

Date: \_\_\_\_\_