

Rowan University Testing Center InspiroScan Job Data Form

Rowan/Banner ID #: _____ Professor's Name: _____

Department: _____

Building: _____ Phone Number: _____

Drop-Off Date: _____ Drop-Off Time: _____

Email (where file will be sent): _____ @ rowan.edu

Number of InspiroScan Sheets (including key): _____

Banner ID#, Last Name & First Name MUST ALL be filled in on each sheet

Return Exams to Professor Via:

- Pick- Up
- Interoffice Mail

Date Sent to Mailroom: _____ Staff Initials: _____

Office Use Only:

Name of Completed File: _____

Operators Initials: _____ Completed Date: _____

Pick-Up Information:

Picked up by (print-name): _____

Signature of person picking up: _____

Date Picked-Up: _____ Time Picked-Up: _____

Testing Services Staff Members Initials: _____