

REQUEST FOR TEST OR SURVEY SCANNING

Instructions:

- Fill out all requested fields. If you are completing this form on behalf of an instructor, enter the instructor's information below.
- Print the form. The completed form cannot be saved or submitted online. The information will be lost if it is not printed.
- Include one copy of this printed form per answer key with scantrons.
- Place scantrons in a manila envelope (one envelope per answer key).
- Do not send scantrons through campus mail.
- Do not use staples, paper clips, labels or rubber bands, which can mutilate forms and result in delayed processing and/or improper scoring.

Name: _____ Email Address: _____

Department: _____ Date: _____ Phone: _____

<i>Choose one of the following:</i>	
<input type="checkbox"/> Test Scanning Course Name: _____ Section Number: _____ Test Version (if applicable): _____ <input type="checkbox"/> Make one report for multiple test versions.	<input type="checkbox"/> Survey Scanning
Special Requirements (include point values): 	
Signature of Requestor: _____	

**You will get a service email from scantron@uark.edu when your reports are uploaded to Box.
Scantrons not picked up within 30 days will be shredded and recycled.**

Exams can be delivered the IT Services Help Desk in ARKU, Monday-Friday 9 a.m. to 4 p.m.,
or the drop-off box in the front entrance of ADSB by the entrance to UAPD.

IT SERVICES USE ONLY:	
Scan completed by: _____	Date scanned: _____
<input type="checkbox"/> Checked Box for 5 reports (101-Student Statistics, 150-Student Grade, 320-Test Item Statistics, Excel, and Blackboard Gradebook)	
<input type="checkbox"/> Emailed instructor about scanning completion	
<input type="checkbox"/> Second email about pick-up policy (Date: _____ Initials: _____)	