

Psychology Assessment Materials
Room PSY 204

LOAN AUTHORIZATION

Print Name _____ FR SO JR SR Grad Faculty

Major _____ ID# _____

Phone _____ -n~~ail~~ Address _____

Street Address _____ City _____ Zip _____

Course or Purpose _____ Date _____

Tests Requested (write out full name) Level PAM Location

Tests Requested (write out full name)	Level	PAM Location
1.		
2.		
3.		

Notice to Instructor:

