



**Office of Student Services  
Scanning Services Center  
Information Sheet**

Form used:  Blue Green
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 Lyons 101                      617-552-2159                      scanning@bc.edu  
 Monday through Friday 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m.  
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**Contact Information**

Department \_\_\_\_\_ Course Number \_\_\_\_\_  
 Professor \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Test Information**

Number of Test Items \_\_\_\_\_ No. of Examinees \_\_\_\_\_  
 Number of Test Version(s) \_\_\_\_\_ Drop Off Date \_\_\_\_\_  
 Omit Items? Please indicate question # \_\_\_\_\_  
 Special instructions on answer key(s) \_\_\_\_\_

<b>Please include your answer key(s) filled out with a no. 2 pencil</b>
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What analysis results would you like to receive?

- ❖ Raw scores only, no report
- ❖ Standard report (**choose one**):

MS Word                      MS Excel                      PDF

Special instructions on report \_\_\_\_\_

Reports will be shared with instructors via BC Google Drive.

**Please provide your BC username** \_\_\_\_\_

How would you like students' answer sheets returned to you?

Pick up in person

Sent back via campus mail                      Campus address \_\_\_\_\_

Job picked up by _____ Date _____
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\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

File name \_\_\_\_\_ Counts \_\_\_\_\_

Professor contacted? By phone? Date \_\_\_\_\_ By email? Date \_\_\_\_\_ Initial \_\_\_\_\_

Notes: \_\_\_\_\_