

SPECIAL EXAM CERTIFICATE

I, _____, hereby declare that I have been granted
(print or type full name)
special permission to take the examination for the position of _____;
that I have not discussed any aspect of the examination for this position with any person who
recently took this examination; that I will not discuss the examination with any person; that the
reasons for the "special" examination date stated below are true; that I understand that any
misstatements of material fact on my part will disqualify me from this examination; and that I
have read the note below regarding criminal penalties for violating this test confidentiality.

**Please indicate your reason for taking this exam on a date other than the monthly
Saturday examination date:**

I was not available to take this exam during the regular monthly
Saturday exam administration, so I elected to take this exam during the
alternate exam administration **today**.

I am a client of a **Wisconsin** Job Center and am taking this exam at a
weekday exam administration offered at my Job Center.

Other: _____

Signature of Examinee

Date

Test City

Signature of Proctor

Approved by

NOTE: There is a criminal penalty for violating the confidentiality of State of Wisconsin
Civil Service examinations as described in s. 230.43(1), Wis. Stats.