Community Statement

"The Office of Residence Life ***strives*** to develop a safe living and learning environment where residents are engaged in a structured academic, personal, and social community"

Office of Residence Life

Room Selection Proxy Form

(The Proxy form must be completed to be processed)

Name: _____ Student ID # T □□□□□□□□□(required)

Phone: (□□□) □□ □ □□□□ Current Building: _____ Room #: □□□

By signing this Proxy Form, I give_____, permission to represent me at the Room Selection meeting(s). I understand that if I have been assigned a time for room selection, my proxy representative must attend only at that given time.

☑

☐ Signed housing contract and application for next academic year (Fall 20___/Spring 20___)

☐ Copy of my student ID attached to Room Selection Proxy Form

☐ Signed Room Selection Proxy Form

I, _____ understand that is my responsibility to make sure my Proxy Representative represents me at the correct Room Selection meeting(s). I will accept the room selection made by my Proxy Representative and understand that I will accept the Terms and Conditions of the Agreement once a room has been selected.

_____ _____

Housing Applicant Signature Date

_____ _____

Signature of Proxy Representative Date

Room Proxy Representative Information Sheet

_____ Room Selection Meeting Date
_____ Room Selection Meeting Time
_____ Room Selection Meeting Location
_____ Requested Building (requests are not guaranteed)

Note: It is the housing applicant's responsibility to relay the appropriate information regarding their Room Selection meeting(s). The housing applicant will accept the room selection made by their Proxy Representative and understands that this housing assignment is binded under the Terms and Conditions of the Agreement once a room has been selected. Room Assignments cannot be granted if the requestor attends an incorrect meeting.