GENERAL CONDITIONS
The Proxy Representative Form allows students to select an entity to serve in his/her place during the Room Selection process because the student is unable to be present during the Room Selection process. The most common reason a student may want to have a Proxy Representative is because the student is involved in an off-campus program during the Room Selection process.

By completing and submitting this form below, the student is agreeing to allow their designated Proxy Representative to serve in their place during the Room Selection process. The student authorizes their designated Proxy Representative to make decisions regarding their housing during the Room Selection period. The student may cancel the Proxy Representative designation at any time with written communication to the Office of Residence Life.

STUDENT INFORMATION
Student ID: __________________________ Last Name: __________________________ First Name: __________________________

PROXY INFORMATION
Designated Proxy: __________________________ (Please select only one)

____ Office of Residence Life
When you designate the Office of Residence Life as your Proxy Representative, you authorize the Office of Residence Life to place you in a space on campus during the Room Selection period according to preferences you communicate to the Office of Residence Life. When your lottery slot arrives, the Office of Residence Life will act on your behalf to select a room.

____ Earlham College student
When you designate an Earlham College student as your Proxy Representative, you authorize that student to place you in a space on campus during the Room Selection period. When your lottery slot arrives, this Student-as-Proxy will act on your behalf to select a room.

Student ID: __________________________ Last Name: __________________________ First Name: __________________________

AUTHORIZATION
I hereby authorize the above noted entity (either the Office of Residence Life or an Earlham College student) to act on my behalf during the 2014-15 Academic Year Room Selection. I understand this gives this entity the ability to act on my behalf and place me in a space on-campus.

Signature: __________________________ Date: __________________________

Please return to:
Office of Residence Life
Earlham Hall, 1st Floor
765-983-1317
reslife@earlham.edu