SUFFOLK UNIVERSITY
DEPARTMENT OF RESIDENCE LIFE AND SUMMER PROGRAMS

~Print and submit ONLY if you can not participate in Room Selection on April 16, 2008~
If RLSP is acting as your proxy, this form must be turned in by 12 noon on April 16, 2008.

PROXY FORM

I, _____, designate _____
PRINT YOUR NAME and ID # PRINT DESIGNEE'S NAME

to be my proxy at Room Selection 2008. I have discussed my preferences with my designee and understand that whatever choice is made by him/her is final.

_____ _____
signature date

This form may be faxed to the Residence Life and Summer Programs Office at 150 Tremont Street at (617) 305-2504. THIS FORM MUST BE RECEIVED BY 12noon on APRIL 16th OR brought to Room Selection by the person serving as your proxy. You MUST use this form if you cannot be at room selection and want someone to select a room for you. The Residence Life and Summer Programs Office may serve as your proxy. If that is your choice, please indicate several room preferences below. ***Please be as specific as possible***.

NO PROXY, NO PERSON = NO ROOM SELECTION!!

My room choices are:

	Building	Specific room OR type of room
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____