



Creating Undergraduate Learning Through Unique Residential Experiences
 DEPARTMENT OF HOUSING & RESIDENCE LIFE
 DIVISION OF STUDENT AFFAIRS
 203-837-8531



Spring 2012 ROOM SELECTION PROXY FORM

Person giving permission:

Name: _____

ID#: _____

Building: _____

Room Phone: _____

Cell Phone: _____

WCSU E-Mail: _____

Designated Proxy

Name _____

Room Phone: _____

Cell Phone: _____

WCSU E-Mail: _____

I understand by signing this form I give my designated proxy permission to pick a room or apartment on my behalf. I am aware that we cannot ask for a change of room after the selection has been approved. I will accept the decision they make.

Signature _____

Date _____