



2024-2025 Room Selection Proxy Form

I authorize _____ to be my proxy for 2024-2025 Room Selection Process.
I understand that the person name above will be choosing my Room.

I also understand that if myself or my proxy falsify this form in any way that we both may face conduct charges and be removed from our chosen room assignment.

Student Name _____

ID Number _____

Student Signature _____

Proxy Name _____

ID Number _____

Proxy Signature _____

**PROXY FORMS ARE DUE TO RESLIFE@NICHOLS.EDU or FELS 301 BY
9:00AM ON THE DAY OF YOUR SELECTION APPOINTMENT.**

***Failure to have a completed Proxy Form when your Group is called will
result in you/your group being passed over, and may forfeit your
position in the Selection Process.***