

Cleveland State University
Department of Residence Life

Room Selection Proxy Slip

I, _____, hereby give permission to have _____
(resident name) (print proxy name)

choose my room in _____ for the upcoming _____ academic year. I understand that by
(insert building name) (insert year)

signing this card, I forfeit my own rights to choose a room.

_____ (resident signature)	_____ (date)	_____ (resident ID #)
_____ (proxy signature)	_____ (date)	_____ (proxy ID #)

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