

El Centro College: Registration by Proxy Form

Name of student to be registered: _____

Social Security Number: _____

Name of authorized proxy: _____

Proxy I.D.(to be completed by El Centro staff): _____

I hereby grant approval for the person mentioned above to serve as my authorized proxy for the purpose of my registration at El Centro College for the _____ semester of 20___. This person may have access to any and all of my records needed to register on my behalf, including selection of courses, correction of addresses and telephone numbers, signing documents for me and payment of my tuition and fees in my absence.

Student's signature

Proxy's signature