



El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

Proxy Form

I, _____ ID Number _____

Herby grant authorization to the person listed below to represent me in my absence. This person is authorized to have access to at El Centro College:

_____ Grades (Transcript) _____ Access to Register Student

_____ Test Scores _____ Access to withdraw Student

_____ Other: _____

I understand that I must include a copy of my (student) and the proxy's driver's license or College picture ID must be attached to this form.

Print Proxy Name

Academic Semester and Year

Proxy Signature

Date

Signature of Student

Date

Note:

- Authorized person must also present identification at the time the Proxy Form is submitted.
- Proxy forms are valid for only one semester.