

Request to Add Proxy Access

Student Name: _____

Student ID Number: _____

Proxy Information #1

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Home Work

Email address: _____ Date of Birth: _____

Relationship to Proxy: _____ Gender: _____

Proxy Information #2

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Home Work

Email address: _____ Date of Birth: _____

Relationship to Proxy: _____ Gender: _____

By signing below, I certify that the above proxy information is true to my knowledge, and I agree to give permission to Cazenovia College to create a relationship with the listed proxy(s). Once this form has been reviewed and, if approved by the Registrar's Office, I will be notified that the proxy relationship(s) has been set up. I will then need to log into Self-Service to grant access to the proxy(s). I understand that I can edit or revoke my proxy's access at any time.

Student Signature: _____ Date: _____