For Official Use Only	Office o PO E Anchorage	f of ALASK f the Registrar Box 141629 AK 99514-1629 786-1480	A ANCHORAGE
	Proxy for R	egistration F	orm
with a signed and completed Pr	roxy for Registration at the	Form. The proxy	 m. The student must provide the proxy must submit the signed Proxy n. The proxy must follow the policies
	Studen	t Information	
Name:(Last)	(First)	(Middle)	UA Student ID:
	UAA from any and all cla or one semester only.	ims, legal or otherwise	bibility for any actions taken on my behalf by the e, arising from this proxy registration. I Date:
Registration for:(Semester)	(Y	ear)	
		Information	
Name:(Last)		(First)	(Middle)
Day Phone:			(Middle)
Proxy Signature:		Date:	
This form must be signed	l and presented w	ith the student	's registration forms.