

## Office of Residence Life Move-Out Proxy Form

Student Name:			
Hall:	Room #:		
Email:		Contact Number:	
I am unable to p	participate in the 2020	move-out process in person be	ecause:
(Please note rea	ason)		
I would like the t	following person to mo	ove out my belongings on my b	pehalf:
Name:			
Relationship:			
Contact Number	r:		
I understand the	e following:		
1. Proxy will nee	ed to abide by all move	e-out procedures.	
move-out time a		es to move all of my belonging	My proxy needs to arrive at the scheduled s out of the hall. My proxy may not be able to
3. Proxy may be check.	e turned away if he/sh	e does not pass the health scre	eening to include temperature and symptom
4. All items and	trash in the room mus	st be removed. Any items rema	ining will be discarded.
			and possibly my parent/guardian's, behalf. Note n damage. Damages will be assessed over the
athletic uniforms		oxy will put any items into a pre	ns may include, but are not limited to, text books -labeled box with my name on it that will be in
7. IMSA is not r	esponsible for loss or	damage of personal items nor	personal injury during the move-out process.
Student Signatu	ıre:		
Date:			
Parent Signature	e:		
Date:			

This form needs to be submitted to Dana Ginnett (dginnett@imsa.edu) by May 18, 2020 at 4pm.