



Matanuska-Susitna College

UNIVERSITY of ALASKA ANCHORAGE



Student Services/Admissions & Records

PO Box 2889, Palmer, AK 99645

(907)746-9746

Registration by Proxy

STUDENT INFORMATION

Name: _____

(please print)

SSN or SID: _____

I hereby authorize the below named individual to register me for the following semester:

Semester: _____ Year: _____

If needed, MSC/UAA may release any directory information that may be necessary to complete the registration.

I am voluntarily having the below-named individual register for me. I accept responsibility for any actions taken on my behalf by the below named individual and release MSC/UAA from any and all claims, legal or otherwise, arising from this proxy registration.

Signature: _____ Date: _____

PROXY INFORMATION

(Picture ID Required)

Name: _____

(please print)

Mailing Address: _____

Day Phone: _____ Home Phone: _____

Signature: _____ Date: _____

This form must be signed and presented with the student's registration forms.

