

St. Olaf College Student Senate
Official Proxy Notification Form

Name of Senator: _____

Name of Proxy: _____

Date of Absence (MM/DD/YYYY): _____

I, the undersigned Senator, hereby declare _____ to be my official Proxy at the meeting to be held on _____.

Signature of Senator: _____

I, the undersigned Proxy, pledge my attendance in the absence of Senator _____ at the meeting of the St. Olaf Student Senate to be held on _____.

Signature of Proxy: _____

Signature of SGA Vice President: _____

Signature of Executive Assistant: _____

THESE FORMS SHALL BE MADE READILY AVAILABLE IN THE SGA OFFICE BY THE EXECUTIVE ASSISTANT. THE EXECUTIVE ASSISTANT WILL ALSO PROVIDE THIS FORM TO ANY SENATOR VIA E-MAIL UPON REQUEST.