LSUHSC School of Public Health
FACULTY ASSEMBLY
MEMBER PROXY FORM

I, _____________________________, authorize _____________________________
(Your Name, Printed) (Your Proxy’s Name, Printed)

to represent me at the School of Public Health, Faculty Assembly Meeting to be
held on ____________________.

The person named above is authorized to vote for me.

Signed: _________________________

Date: _____________________

Please forward this to either the Secretary or the Proxy Holder.

The Proxy Holder should sign the attendance sheet as proxy for the absentee.