

**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.*