

**NWACC**  
**Board of Directors**  
**Voting Proxy**

*Fax completed proxy to NWACC at: 503-777-7778.  
Send email to [nwacc@reed.edu](mailto:nwacc@reed.edu) to notify us that the fax has been sent.*

**Your name** \_\_\_\_\_  
(please print)

**Your signature** \_\_\_\_\_

**Today's date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Name of Proxy** \_\_\_\_\_  
(please print – must be current Board member)

**Date of meeting** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Check the type of proxy you wish to authorize:

**Unrestricted proxy** — I authorize the above named Board member to vote on my behalf on any matters, including floor motions, that come before the Board during the course of the meeting specified above.

**Restricted proxy** — I authorize the above named Board member to vote as per my direction on the motion(s) or topic(s) indicated below:

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