



# GRADUATE STUDENTS ASSOCIATION

University of California, Los Angeles

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## AUTHORIZATION FOR COUNCIL REPRESENTATIVE TO GSA FORUM

(please print)

Name: \_\_\_\_\_

Council: \_\_\_\_\_

Student ID # \_\_\_\_\_

Campus Address:

Home Address:

\_\_\_\_\_ Department

\_\_\_\_\_ Number and Street

\_\_\_\_\_ Room / Building

\_\_\_\_\_ City and Zip

\_\_\_\_\_ Campus Phone

\_\_\_\_\_ Home Phone

\_\_\_\_\_ E-mail Address

Can this information be released?  Yes  
 No

\_\_\_\_\_ Degree Pursued / Graduation Date

Has been authorized to represent the graduate students of his/her department in Council and/or Forum business from (date) \_\_\_\_\_ to (date) \_\_\_\_\_.

\_\_\_\_\_ Signature of Forum Representative

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Council President

\_\_\_\_\_ Date

**Please notify the GSA Central Office of any changes to this information.**