



SPC PROXY PERMISSION

Please clearly fill out the following required information.

DATE _____

LAST NAME _____ **FIRST NAME** _____

ADDRESS _____ **CITY** _____

ZIP CODE _____ **PHONE NUMBER** _____

EMAIL ADDRESS _____

USER NAME YOU WOULD LIKE TO USE _____

I authorize a representative of Scottsdale Parent Council to register me by proxy with the above information on the Arizona State Request to Speak Information System. Once registered, SPC will inform me of my registered password. I understand that I can and should then change my password so that I am the sole proprietor of my ALIS registration to comment.

SIGNATURE _____

FOR SPC USE ONLY

PASSWORD _____