

Classroom Central



PROXY SHOP AUTHORIZATION

Date _____

I _____ authorize _____ at
Teacher First & Last Name Proxy Shopper First & Last Name

_____) to shop for me at Classroom Central for the month
School Name

of _____.

Thank you,

Teacher Signature

If applicable, the proxy shopper may shop for his or herself and **one** scheduled teacher.
The proxy shopper may forfeit his or her own appointment to shop for **two** scheduled teachers.

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