



Western Connecticut State University

Sibling or Guest Visit – Parental Permission Form

Sibling/Guest Name: _____

Address: _____

Date of birth: _____

Emergency Contact Information:

Dates of Visit:	
Checking In: _____	Approved (init.) _____
Checking Out: _____	Approved (init.) _____

Name	Phone Number(s)	Relationship

I give permission for _____ to stay at Western Connecticut State University for an overnight visit as a sibling or guest on the dates mentioned above. I/we understand that the purpose of this request is to visit with a sibling or friend. I/we understand that as a visitor to the campus, I am/we are bound by the same rules and regulations as a University student, along with the same penalties for a disregard of the rules. My/our signature(s) below indicates my acceptance of these terms.

Print name of Student Visitor

University for an overnight visit as a sibling or guest on the dates mentioned above. I/we understand that the purpose of this request is to visit with a sibling or friend. I/we understand that as a visitor to the campus, I am/we are bound by the same rules and regulations as a University student, along with the same penalties for a disregard of the rules. My/our signature(s) below indicates my acceptance of these terms.

Signatures required:

Parent/Guardian _____
Signature _____ *Date* _____

Printed Name _____

Sibling/Guest _____
Signature _____ *Date* _____

Printed Name _____

Host Student Information:

Host student Name: _____ **Bldg. & Rm #:** _____
Must be a resident student

Identification Number: _____

Host Student Contact Phone Number: _____

10/01/09

*Forms are due to HRL no later than 24 hours before the visit.
For weekend visits, forms must be received no later than Noon on Friday.
Students may be refused entry to the buildings if forms are not received by deadline.
Forms may be faxed to 203-837-8529.*