Western Connecticut State University

Sibling or Guest Visit – Parental Permission Form

Sibling/Guest Name: ________________________________

Address: ________________________________________

Date of birth: ____________________________________

Emergency Contact Information:

<table>
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<tr>
<th>Name</th>
<th>Phone Number(s)</th>
<th>Relationship</th>
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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.

Signatures required:

Parent/Guardian

Printed Name

Sibling/Guest

Printed Name

Host Student Information:

Host student Name: ________________________________

Must be a resident student

Bldg. & Rm #: ______________

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.