



# 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(s)	Phone Number(s)	Relationship(s)

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.

<b><u>Parent/Legal Guardian Information</u></b>		
Printed Name	Electronic Signature	Date
<b>Sibling/Guest</b>		
Printed Name	Electronic Signature	Date

### Host Student Information:

Host student Name:

*Must be a resident student*

Building:

Rm #:

Identification Number:

Host Student Contact Phone Number:

2/27/19

*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.*