

PARENTAL CONSENT FORM
OFFICE OF RESIDENCE LIFE - SOUTHERN CONNECTICUT STATE UNIVERSITY



I, _____, give my child (_____)
(parent/guardian) (name) (age)

permission to sign into the residence halls of Southern Connecticut State University as a guest

of SCSU student _____ of _____
(student name) (residence hall)

on _____ through _____.
(beginning date) (end date)

I agree to indemnify, defend and hold Southern Connecticut State University, its officers, employees and agents, harmless from any and all costs, losses, expenses, damages, claims, suits, or any liability whatsoever, including attorney's fees, resulting from injury, including death, to a person or damage to property arising out of or, in any manner connected with, my child being supervised by the above named student in the residence halls of Southern Connecticut State University.

Name of parent/guardian: _____

Phone Number(s) where the parent/guardian may be reached in an emergency:

PRIMARY: _____ SECONDARY: _____

Home Address: _____

Signature of parent/guardian: _____ Date: _____

All guests must be registered and show a valid photo ID.
Valid ID for registration includes only the following photo ID:

1. SCSU student, staff, or faculty ID card
2. State Issued Photo
3. Identification card
4. Military ID, or Passport.

Requests for approval must be provided to the Office of Residence Life two full business days prior to the request date of stay above. Guest will not be permitted to stay without proper ID or without completion of this form

OFFICE USE ONLY

Parent Consent Confirmed

Confirmed By: _____

Guest Information Confirmed

Date: _____

Guest has proper ID for sign in Confirmed