

Overnight Visitation: Parent/Guardian Consent Form

		Date of Birth:		
Guest ID#:		ID Type:		
Guest Cell Phone #:(Please include	applicable.) area code.)	Guest Relation to Host:		
Guest's Permanent Address: _				
Name of Parent/Guardian of G	uest:			
Name of Host :		Cell Phone #:		
Building:		Room:		
Please be advised that guests must abide by all University policy as outlined in the Student Handbook. You may access the Student Handbook by visiting: http://www.une.edu/studentlife/handbook/index.cfm Violation of University policy could result in the immediate removal of the guest from University grounds. The guest is expected to be in the company of the host at all times. Parent/Guardian Signature: Date:				
Guest Signature:		Date:		
Host Signature:	Signature: Date:			
PRIMARY EMERGENCY COM	NTACT: Relationship	Home Phone #	Cell Phone #	
SECONDARY EMERGENCY Name	CONTACT: Relationship	Home Phone #	Cell Phone #	
Parent/Guardian Signature:		Date:		

By Signing, you release the above information to be used in an emergency.

Please return completed form to the Office of Housing & Residential/Commuter Life, located on the 1st floor of East Hall. Form may be turned in the same day of the visit or faxed in advance to (207)602-5944. Office hours are from 8:30am-5pm. Questions regarding the overnight stay of a guest can be directed to our office by calling (207)602-2272 or via e-mail to housing-office@une.edu.