

16 - 18 Year Old Visitor Form

Suffolk University Student Information

Host Name: _____ Host Cell Number: _____

Host Residence Hall: _____ Host Room Number: _____

Guest Information

Guest Name: _____ Relationship to Host: _____

Guest Date of Birth: _____ Guest Gender: _____

Guest's Parent/Guardian Information

Name: _____

Address: _____

Contact Number: Cell: _____ Home: _____

I, the undersigned, parent/guardian of _____ grant permission for my son/daughter to stay overnight from _____ to _____ in a residence hall at Suffolk University. I understand that my son/daughter must adhere to all rules and regulations of Suffolk University and its residence halls during his/her stay.

In the event of an emergency I, the undersigned, authorize and grant permission to Suffolk University to administer first aid and/or obtain emergency medical treatment for my son/daughter. I also agree to pay all expenses incurred in the event of an emergency involving my son/daughter in conjunction with this overnight stay.

Parent/ Guardian Name

Parent/Guardian Signature

Date

This form must be on file with the Resident Director at least THREE working days prior to the guest's arrival to campus. Submit to the residence life office of your hall.

RHD Use Only

RD Approval: _____

Date: _____

Contact via: phone e-mail other