

## PERMISSION FORM

To whom it may concern:

I give permission for my (daughter/son) \_\_\_\_\_ to stay at Lock Haven University overnight in a room with (LHU student) \_\_\_\_\_ in (room) \_\_\_\_\_ in (residence hall) \_\_\_\_\_ from (date) \_\_\_\_\_ to \_\_\_\_\_.

Please feel free to contact me anytime if you have any questions in regards to this visit to campus.

Thanks!

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Parent's Name/Signature

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Contact Phone Number

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If student is a recruit please complete following:

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Sport

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Coach's signature

Updated 10/3/14 ALC

