

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!

Parent's Name/Signature

Contact Phone Number

If student is a recruit please complete following:

Sport

Coach's signature

Updated 10/3/14 ALC

