



Cornell University

Cornell University Precollege Studies

Note: Please use the same name as on your Precollege application. If you are a non-U.S. citizen, you must use the name that appears on your passport.

2021 PERMISSION FORM: OVERNIGHT STAY AWAY FROM CAMPUS

The purpose of this form is to keep the Precollege staff informed of the plans and whereabouts of your student. We will not be able to process this form unless it is completed fully and meets the deadline.

The Residential Program Director (or their designee) must receive this form **no later than 4 p.m. on the day of departure or no later than 4 p.m. on Thursday for a weekend**. Permission forms are not accepted on Fridays, Saturdays, or Sundays. **No exceptions.**

We do not accept blanket permission forms. You must complete a copy of this form for each trip. Do not submit a permission form for an extended period meant to cover two separate trips.

Submit completed forms to:

Residential Program Director
Cornell University Precollege Residential Office
Email: summercollegehousing@cornell.edu
Fax: 607.254.4773 (starting June 17)
Phone: 607.255.7747

We recommend that you keep a copy of the signed form for your reference.

Today's date: _____

Name of student's program: _____

I, _____
PARENT'S/GUARDIAN'S NAME

do hereby give my student _____
STUDENT'S NAME (FIRST, M.I., LAST) RESIDENCE HALL ROOM NUMBER

permission to be away from the Precollege Program from _____ to _____
DATE AND TIME DATE AND TIME

Preceding this departure, I may be reached at _____
PHONE NUMBER

Precollege staff will call the listed number to confirm this trip verbally. They must speak with the student's parent or guardian.

The student will be staying at _____
STREET CITY STATE ZIP

The emergency contact person there is _____
PERSON'S NAME PHONE NUMBER

If the student will be riding in a private car, please supply the driver's name and phone number. (You do not need to complete the "To Ride in a Private Car" permission form.)

DRIVER'S NAME PHONE NUMBER

I understand that Cornell University assumes no responsibility for my student during this period of absence from campus, and I hereby expressly release Cornell University from any and all such responsibility.

Parent's/Guardian's signature: _____ Date: _____

Office use only:
Date received: _____ Approved: _____