



WOMEN'S CAMPUS

PARENTAL PERMISSION FORM

Name of Student: _____

ID Number: _____

Home Phone Number: _____

Mobile Number: _____

Father/Mother/Guardian Contact Information:

Telephone # (Home): _____

(Office): _____

Type of Permission: (Please circle the appropriate number and indicate the details if #2 has been selected)

1. **Permission is granted** to leave the campus before the end of classes **without specific approval**.
2. Permission is granted to leave the campus **for certain destinations only and for specific purposes**.
 - a. _____
 - b. _____
 - c. _____
3. Permission granted **ONLY** for Medical Emergencies.
4. Specific permission granted **ONLY AFTER** contact with the parents (mother/father) and/or guardian (circle one or both).
5. **NO** permission granted under any circumstances.

(Name of Student) _____ is my daughter. My decision regarding the type of permission is indicated above.

(Printed Name of Parent/Guardian)

(Signature and Date)