

PARENT/GUARDIAN CONSENT FORM

due at least 5 business days prior to the guest's arrival

- This Parent/Guardian Consent Form is required for all guests who are 15, 16, and 17 years of age.
- Individuals 14 years old and under are not permitted to be overnight guests in the residence halls.
- A photocopy of parent/guardian's state ID or driver's license must be attached to the Parent/Guardian Consent Form.
- The host (an FDU student in good standing) must submit their guest's completed Parent/Guardian Consent Form, **at least five (5) business days in advance**, directly to Housing & Residence Life. Host will be notified of decision via email.

Please print:

I, _____ certify that I am the parent or legal guardian of
Parent/Guardian's Name

_____, who is _____ years old, and hereby give my consent
Guest's Name

for him/her to visit _____ overnight at Fairleigh Dickinson University, during
FDU Student's Name (host)

the following days (please include dates): _____. During this overnight visit, my

child will stay in a Fairleigh Dickinson University residence hall and I authorize _____
FDU Student's Name (host)

to be responsible for the supervision of my child.

By signing this document:

- 1) I understand that my child may stay no more than two (2) consecutive nights at a time, with a total maximum of five (5) cumulative days total during the semester, whether with the same host or different hosts each night. Guests may not move from one host's room to another in order to extend their stay in the residence halls.
- 2) I recognize that my child is responsible for his/her own actions while visiting Fairleigh Dickinson University and staying overnight.
- 3) I understand that my child's visit is voluntary and that my child will be visiting and staying overnight at his/her own risk.
- 4) I further understand that as a guest on Fairleigh Dickinson University's campus, s/he is required to abide by all policies and regulations as stated in the University's publications and materials, including the Guest & Visitation Policy.
- 5) **I also understand that the University reserves the right to deny any request for overnight guests.**

In consideration of Fairleigh Dickinson University allowing my child to visit overnight, I hereby release and hold harmless Fairleigh Dickinson University, its trustees, officers, employees and agents against loss (including reasonable attorneys' fees) from any and all claims or causes of action for all known and unknown, foreseen and unforeseen, bodily injuries, damages to property and consequences thereof which may be sustained by my child or by me arising out of, or in connection with, my child's overnight visit. In addition, I agree to take full responsibility for any damage done to university property by my child during his/her stay at Fairleigh Dickinson University.

If my child should suffer an injury or illness during his/her stay, I authorize the employees of Fairleigh Dickinson University to have my child transported to any medical facility and hereby give consent in my absence to have my child treated at any medical facility and I take full responsibility for that action.

Parent/Guardian Information:

Name _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Address: _____ City: _____

State: _____ Country: _____ Postal Code: _____

Parent/Guardian Signature: _____

FDU Student Host's Information:

Signature: _____ Date: _____

Residence Hall: _____ Room: _____

FDU student host must submit completed form to Housing & Residence Life

For Housing & Residence Life use only:

Contact Made with Parent/Guardian:
 Date: _____ Staff Member: _____

Request Confirmed by Parent/Guardian?
 Yes No

Request Decision: Approved Denied
 Date: _____ Staff Member: _____

Maxient Conduct Review:
 Date: _____ Cleared?: _____

If approved, Public Safety and FDU Student Host will be notified.