The Residential Program Director (or his/her 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.

Submit completed forms to:
Residential Program Director
Cornell University Summer College Residential Office
E-mail: summercollegehousing@cornell.edu
Fax: 607.254.4773 (starting June 21)
Phone: 607.255.7747

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

Today’s date: _________________________________________

Please indicate the total length of time the student will be with us: ☐ Three weeks ☐ Six weeks

I, ___________________________________________________________________________________________________________________,
do hereby give my son/daughter/ward _____________________________________________________________________________________, permission to be away from the Summer College Program from ________________________________ to ________________________________.

Preceding this departure, I may be reached at ________________________________________________________________________________.

The student will be staying at _____________________________________________________________________________________________.

The emergency contact person there is _____________________________________________________________________________________.

If the student will be riding in a private car, please supply the driver’s name and phone number:

___ ____________________________________________________________________________________________________________________

I understand that Cornell University assumes no responsibility for my son/daughter/ward 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: ____________________