



Permission Form for Minors in the Residential Facilities

This form must be thoroughly completed and submitted to the Department of Public Safety at least five (5) business days prior to the date of arrival. Please submit paperwork via fax (262.574.2632), scan and e-mail to (safety@carrollu.edu), through the mail (100 N East Ave. Waukesha WI 53186) or in person at the Department of Public Safety at 208 Wright Street.

This form must be signed by the minor's parent or legal guardian. Failure to do so, may result in the minor being removed from campus and the student host may face disciplinary action.

Upon arrival to campus, the minor guest and host must check in at the Department of Public Safety. If necessary, a parking pass must be requested at the time of check in at the Department of Public Safety.

- The following permission form is required for any minor (a person of at least 12 years of age) visiting Carroll University Residential Facilities without their parent or legal guardian present.
- No person under the age of 12 is permitted to be an overnight guest. The only exception to this is Sibling's Weekend.
- A sibling of a resident currently living in a residence hall may be permitted to remain in the residence hall overnight provided that the sibling is at least 12 years of age.
- When a minor visits without their parent or legal guardian, they **must be accompanied by their student host at all times** while they are in the residential facilities and on campus.
- All Department of Residence Life and Carroll University policies must be followed by the guest during the stay, and the resident must obtain approval of the roommate(s) before the stay begins.
- Minors are not allowed to visit during the first week of fall semester, during finals week, or anytime that housing facilities are officially closed.

Minor's Name: _____ Age & Date of Birth: _____

Arrival Date & Time: _____ Departure Date & Time: _____

Resident/ Host's Name: _____ Resident's Student ID #: _____

Residence Hall & Room #: _____ Resident's Cell Phone #: _____

Parent / Legal Guardian's Name: _____

Parent/ Guardian Home Address: _____ City / State / Zip: _____

Parent/ Guardian Email: _____ Parent/Guardian Cell Phone: _____

Does the minor have any medical conditions that we need to be aware of?

As this minor's parent or legal guardian, I grant permission for the minor named above to visit the residential facilities at Carroll University. I understand that the student host is completely responsible for the welfare of this minor. Furthermore, I agree to pick up the minor upon request by the University or the host student.

Parent / Legal Guardian Signature: _____ Date: _____

Staff Use Only

Date & Time Received: _____ Approved By: _____

Received via: _____ Email _____ Fax _____ Mail _____ Pass Expires on: _____