Group Activity
PERMISSION FORM

This form must be submitted to the Office of Student Conduct (2nd Floor of Schilling) no later than 3:00 p.m., four business days in advance of the activity. (A signed copy will be returned to the requestor upon approval). Once approved, each student's Resident Director will be informed of the event information.

Faculty/Staff Making Request: _____ **Phone #:** _____

Group: _____

Purpose of Request: _____

Destination: _____

Emergency Phone #: _____

Leaving (Date):_____ **(Time):**_____ **Returning (Date):**_____ **Time):**_____

Please PRINT names and dorm/room information below:

Name	Dorm/Room		Name	Dorm/Room

Faculty/Staff's Signature: _____ **Date:**_____

SA Staff's Signature:_____ **Date:**_____