



## **Pre-College Programs, Barnard College**

### **Off-Campus Overnight Stay Permission Form**

Permission for overnight absence requires completion and submission of this form by a legal guardian and approval from the Director or the Associate Director of Pre-College Programs. The **completed form** must be submitted to the Office of Pre-College Programs between 9AM-4PM, Monday through Friday and must be received at least **48 hours** in advance of the requested departure date.

<b>Student's Full Name (Last, Middle, First):</b>		
<b>Student's Room Number:</b>	<b>Student's Email Address:</b>	<b>Student's Cell Phone Number:</b>

<b>Date Leaving Campus:</b>	<b>Estimated Time of Departure:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Date Returning to Campus:</b>	<b>Estimated Time of Return:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Destination:</b>	
<b>Method of Transportation:</b>	
<b>Person accompanying student(as applicable):</b>	
<b>Relation to student (if not legal parent/guardian, this form must be accompanied by a note from parent/guardian):</b>	

<b>Contact Person for Student While Off-Campus:</b>	
<b>Relation to Student:</b>	<b>Contact Person's Phone Number (indicate cell or home):</b>
<b>Contact Person's Email Address:</b>	<b>Additional Off-Campus Contact Information:</b>

Comments: \_\_\_\_\_

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I, the legal guardian, give the above named student permission to travel off-campus in accordance with the travel plans indicated above. I understand that I will need to notify the Office of Pre-College Programs immediately, should these travel plans change.

<b>Name of Legal Parent/Legal Guardian=PRINT:</b>	<b>Parent/Legal Guardian Cell Phone Number:</b>
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

**PLEASE FAX FORM TO 212.280.8796**  
**OR SCAN/EMAIL TO [PCP@BARNARD.EDU](mailto:PCP@BARNARD.EDU)**  
**BETWEEN 9:00 AM AND 5:00 PM**