

Fisk University

Freshman Overnight Consent Form

Dear Fisk University Staff:

I, _____, the legal guardian of Fisk University Student, _____, hereby give my consent for her/him to be off campus overnight on the following dates:

Departure Date	Return Date
1.) _____	1.) _____
2.) _____	2.) _____
3.) _____	3.) _____
4.) _____	4.) _____

My student will be in the company of _____, and he/she can be reached while away from campus at () _____.

My personal contact phone numbers are as follows:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

I understand that I may be called by Fisk University Staff prior, during, or after my student's departure from campus to confirm my student's whereabouts. I also agree to have this completed form delivered to the campus 24 hours prior to my student's departure.

Guardian's Signature _____ Date _____

Written notification must be received by mail or fax to the attention of the Resident Director or to the Office of Student Affairs 24 hours before departure!

Address: 1000 17th Ave. N Nashville, TN 37208 fax: (615) 329-8714