

Special Permission Form

Please complete this form for any permissions that fall outside of our standard sign-out policy and email it to residence@engineeringoutreach.ca using the subject line "Residence Special Permission <student name>."

Student Information

Student Name: _____

Date of Departure: _____
(MM/DD/YY) Time

Date of Return: _____
(MM/DD/YY) Time

Activity Information (Description of the activity the student is signing out for):

Location (Exact address the activity is taking place):

Comments (Any additional relevant information):

Parent/Guardian Information

Parent/Guardian Name (First and Last)

Phone Number

Email Address

Signature

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Date Received: _____

Approved:

☐

YES

☐

NO

Date Processed: _____

Staff initials:
