



PARTICIPATION AGREEMENT, PERMISSION FORM - OVERNIGHT

To whom it may concern:

I give permission for my (child), _____, to stay at
Indiana University of Pennsylvania overnight in a room in (residence hall) _____
_____ from (dates) _____ to _____.

Please feel free to contact me anytime if you have any questions regarding this visit to
campus. Thanks!

Parent's Signature

Date

Parent's Name (Printed)

Parent's Contact Number