

UPWARD BOUND DEPARTMENT
Southern Arkansas University
Campus Leave Form

This form is to be completed by the parent(s)/guardian(s). Please have any person(s) you have authorized to pick your son/daughter sign their name(s) on the **Designee line** provided below.

I do hereby grant permission for _____

Student's Name

To be checked out of the residence hall and taken off campus by the person(s) whose name(s) appear below:

PLEASE HAVE EACH OF THE DESIGNEES SIGN HIS/HER NAME IN ONE OF THE SPACES PROVIDED.

Parent/Guardian Signature

Date