



Short Term Leave-Permission Form

This form must be completed for **EACH** anticipated weekend departure from the COSMOS program and must be submitted at least 48 hours prior to the departure. Please make additional copies of this form if there is more than one anticipated departure. **Please do not submit incomplete forms. EVERY** line must be completely filled out.

- ❖ Students will not be allowed to leave campus without written permission from a parent/guardian.
- ❖ Students can only be picked up from the residence hall on the UC Davis campus – departures from outing locations will not be allowed.
- ❖ Students may ONLY leave campus between 5:30-8:30pm on Fridays and may ONLY return to campus between 5:00- 8:30pm on Sundays.
- ❖ Parents/guardians will be greeted outside the residence hall. They will not be allowed in the residence hall under any circumstance.
- ❖ Photo identification will be required of anyone picking up the student.

Student Name: _____

Cluster #/Title: _____

DEPARTURE INFORMATION:

DATE & TIME (check **ONE** date):

Friday, 7/16 at _____ (must be between 5:30-8:30pm)

Friday, 7/23 at _____ (must be between 5:30-8:30pm)

Person(s) picking up student: _____

Relationship of above person to student: _____

Address & phone # of person picking up student: _____

Address where student will be staying while away from COSMOS: _____

Phone # where student can be reached while away: _____

RETURN INFORMATION:

DATE & TIME (check **ONE** date):

Sunday, 7/18 at _____ (must be between 5:00-8:30pm)

Sunday, 7/25 at _____ (must be between 5:00-8:30pm)

Person(s) returning student: _____

Phone # of person returning student: _____

I hereby certify that as the parent/guardian of the above named student, that I may be contacted to verify this request.

Signature of Parent/Guardian

Date MM/DD/YYYY

Day Phone

Please fax to (530) 752-0374. Please call the Resident Assistants office (530) 304-8281 if you have any questions.

OFFICE USE ONLY

Time out:

Name on identification:

Type of ID:

Staff initials:

Time returned:

Signature of person returning student: _____

Staff initials:

Notes: