

Approval _____
Date _____

**Southwest Mississippi Community College
Residence Hall Overnight Guest Form
Student Services**

SMCC Student Information

Host Name: _____ Student id# _____

Residence Hall: _____ Room Number: _____ Cell Phone: _____

Guest Information

Guest Name: _____ Dates staying: _____

Guest SMCC Student ID# _____ (If guest is a SMCC student) Cell Phone: _____

Guest's Parent/Guardian Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (if different than parent/guardian noted above) Name: _____ Phone: _____

I, the undersigned, parent/guardian of _____ grant permission for my son/daughter to stay overnight from _____ to _____ in a residence hall at Southwest Mississippi Community College. I understand that my son/daughter must adhere to all rules and regulations of Southwest Mississippi Community College and its residence halls during his/her stay.

In the event of an emergency I, the undersigned, authorize and grant permission to Southwest Mississippi Community College to administer first aid and/ or obtain emergency medical treatment for my son/daughter. The undersigned agrees to pay all expenses incurred due to an emergency involving my son/daughter in conjunction with this overnight stay.

Parent/Guardian Signature (if under 18) Date

Guest Signature Date

Southwest Mississippi Community College does not discriminate on the basis of race, color, national origin, age, sex, religion, or disability in its programs, activities or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: Rhonda Gibson, Director of Disability Support Services, SMCC, 601-276-3885, Kenna Hall 129; Dr. Bill Ashley, PhD, Vice President for Student Affairs, Title IX Coordinator, & Director of Athletics, 601-276-3717, SMCC, 1156 College Drive, Summit, MS 39666.