



Records and Registration
Shepard Student Center, 3rd Floor
115 South Street
Middletown, NY 10940
Tel: 845-341-4140
Fax: 845-342-8662

Written Permission Form

Student Name:	Date of Birth:	Semester: FA____ SP____ SU____
Mailing Address:	Student ID#: A ____ _	
City / State / Zip:	Telephone Number:	
Student Signature:	Date:	

Please fill out below if you give permission to have your Advocate (parent/guardian) present during meeting.

Advocate Name	Relationship to Student	Phone Number

***The role of the Advocate is to ask clarifying questions. The communication will be between the Instructor and the Student.**

*** This form is valid for the current meeting only. A new Written Permission form would be needed for any subsequent meetings with the student when the advocate is present.**

Faculty Signature: _____

Date and Time of Meeting: _____

(Send to Records and Registration, Middletown Campus, Shepard Student Center, 3rd Floor)