

**MODEL SECONDARY SCHOOL FOR THE DEAF**

**STUDENT'S NAME (PRINT):** \_\_\_\_\_

The parent/guardian of the MSSD student and the person with whom the student will visit (host) must each fill out their portion of this Student Release Permission form. **Anyone under the age of 21 cannot be considered as a host.** The parent/guardian is responsible for making sure the form is filled out entirely, including all information necessary for the host to fill out and sign. All blanks must be completed before the form can be approved. The school will not accept telephone, videophone, or email permission. Forms should be faxed to the number on the bottom of this form or sent by email attachment no later than 48 hours in advance (e.g. by Wednesday for a requested release on Friday). The parent/guardian and host are responsible to seek confirmation/approval from the Residence Education Manager, and/or the Student Life Director, before the student can be released. Students should be picked up after 3:15 p.m. on Fridays to allow students to complete the academic day. Student should return to campus on Sundays after 3:30 p.m. If the return is delayed and/or later than 9 p.m., the student or host must inform the Residence Education Manager. In addition, if the student will miss classes, the parent/guardian must obtain approval from the School Operations Coordinator. (Standard criteria for excused/unexcused absences apply.) **Releases are permitted from 8:00am until 9:00pm. Releases are not permitted after 9:00pm.**

By signing, I give my permission for the student named above to visit/stay with the host at the specific location below for the dates specified on this form. I understand that I and the host named below are assuming full responsibility for this student while s/he is away from school for both planned and unplanned activities as well as in the event of an emergency. I understand the risks of the off-campus environment, voluntarily accept those risks, and hereby release MSSD from any responsibility or liability for the student while he/she is released from the custody of MSSD staff. I assume responsibility for communicating any needed insurance information to the host family and take responsibility for my child and any medications s/he requires during this time. I also understand that the visit is a privilege and is approved on the basis of student behavior. I understand that the host cannot be a resident of Gallaudet University student housing and my student cannot visit Gallaudet University campus or Gallaudet University dormitories without a parent or legal guardian. I understand that each request will be reviewed and considered based on individual circumstances.

PARENT/GUARDIAN	HOST
_____ Parent/Guardian's Name (required) – Print	_____ Host's Name - Print (write "Home" if student is going home)
_____ Parent/Guardian's Text Number	_____ Host's Email Address / Text Number
_____ Parent/Guardian's Email Address	_____ Host's Phone /Video Phone / Emergency Contact Information
_____ Parent/Guardian's Phone / Video Phone	_____ Street address where student will stay
_____ Relationship to MSSD Student	_____ City, State and Zip Code
_____ Parent/Guardian's handwritten signature (required) / Date	Host is: <input type="checkbox"/> Clerc Center employee <input type="checkbox"/> Not a Clerc Center employee  _____ Host's handwritten signature (required) / Date

VISIT DETAILS	TRANSPORTATION DETAILS
_____ Date Visit Begins	_____ Mode of Transportation (Air, Train, Taxi/Cab, Auto, etc.)
_____ Date Visit Ends	_____ Transportation Details (Flight#; Train#, Auto time/pick-up location, with whom-name/relationship, etc.)
_____ Time	
_____ Time	

**DEPARTMENT USE ONLY**  
Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Declined: \_\_\_\_\_

Return form to Student Life Office: Fax # (202) 651-5403 Back up fax # (202) 651-5109 or scan to designated dorm staff