



Parental Release / Emergency Contact Form

Dear Resident,

The parental release/emergency contact form is a legally binding agreement between the parent/guardian/resident and the Office of Residential Life at AUC. All information provided in this form is to remain confidential and it is for the wellbeing and safety of our residents.

This form must be filled out in order to permit the resident a release from the curfew. Curfew hours for residents are 10:00 PM every day except for weekends and holidays when the curfew is extended to 11:30 PM. Students wishing to stay out after these hours or to be away on weekends must have your permission.

Student Information

Name: _____ AUC ID Number: _____

Email: _____ Mobile: _____

Signature: _____

Parent or Guardian Information

Full Name: _____ Social Security ID Number: _____

Email: _____ Mobile: _____ Home: _____

Work: _____ Signature: _____

Emergency contact person 1: _____ Relation to student: _____

Mobile: _____ Home: _____ Work: _____

Emergency contact person 2: _____ Relation to student: _____

Mobile: _____ Home: _____ Work: _____

	YES	WHERE & CONTACT	NO
<i>Spend Nights Outside (if yes, where)</i>			
<i>Remain Outside after 10 PM weekdays and 11 pm weekends</i>			
<i>Travel on AUC sponsored trips</i>			
<i>Travel independently</i>			



THE AMERICAN UNIVERSITY IN CAIRO

Office of Residential Life

If your son/daughter suffers from or is under any medical/psychological condition that must be taken into consideration, please write it below or contact this number 02-26154019/4033

Please note that:

- 1) Parents/guardian are responsible for all information provided in this official document
- 2) If there are any updates or changes to be done, parents/guardians must contact the Reslife office in person.
- 3) Failing to update the parental release form contacts info might jeopardize the resident stay at the dorms.
- 4) Altering or falsifying university documents will be subject to the residence point system

With my signature, I _____ Parent/guardian of student _____, ID _____, hereby confirm that the above information is valid between (Please mention the dates from _____ to _____) and in case of any updates, I will be responsible for contacting the ResLife office in Person.