

COTTEY COLLEGE

On-Campus Release Form

The On-Campus Release Form is required by all students visiting the Cottey Campus. Please mail or fax this form to the College prior to your visit. **YOU WILL NOT BE PERMITTED TO STAY IN A RESIDENCE HALL UNLESS WE HAVE A COMPLETED AND SIGNED RELEASE FORM.**

Name _____ Email _____

Address _____ Cell# _____

City _____ State _____ Zip Code _____

Parents' or Guardians' Names _____

Address _____ Email _____

City _____ State _____ Zip Code _____

(Cell #) _____ (Home #) _____ (Work #) _____

Who should we contact in case of an emergency?

Name _____ Name _____

Phone Number _____ Phone Number _____

Relationship _____ Relationship _____

Are you covered by an insurance policy? _____ Yes _____ No

If yes, what company? _____ Policy Number _____

Are there any health conditions/allergies that we should be aware of? _____ Yes _____ No

If so, what? _____

Please list any dietary concerns or needs: _____

I authorize an official representative of Cottey College to provide first aid and/or arrange for medical treatment, if needed.

Signature of parent or guardian _____ Date _____

REASONABLE CARE WILL BE TAKEN TO PROVIDE A SAFE, PROTECTED ENVIRONMENT FOR THE VISITING STUDENT.
NEITHER COTTEY COLLEGE NOR ITS PERSONNEL WILL BE LIABLE FOR ANY LOSS, THEFT OR INJURY INCURRED.