



Permission to Leave Campus Request Form

This form is to be used if your child needs to leave the Eastman School of Music campus. The *Summer@Eastman* staff reserves the right to deny a request, depending on the nature of the activity and/or the scheduling conflict the activity may create. Please return this form at least two weeks prior to the planned activity in order to properly arrange a campus leave.

Student Last name, First name

Program

MY CHILD HAS PERMISSION TO LEAVE CAMPUS WITHOUT PROGRAM STAFF FOR NON-PROGRAM-RELATED ACTIVITIES WITH:

Last name, First name

(_____)_____
Cell phone with area code

Home address

City/State/Zip

Exact date(s) of off-campus activity. We cannot grant permission without the exact date(s):

Departing campus (exact time): _____

Returning to campus (exact time): _____

Purpose: _____

AUTHORIZATION

Parent/ Guardian name (print)

E-mail address (print clearly)

Parent/ Guardian signature

_____/_____/_____
Date

PLEASE SEND COMPLETED FORMS TO:

Summer@Eastman Office
Eastman School of Music
26 Gibbs Street, Box 36
Rochester, NY 14604-2599

Phone: (585) 274-1074

FAX: [\(585\) 274-1089](tel:5852741089)

Email: summer@esm.rochester.edu



EASTMAN
SCHOOL OF MUSIC
UNIVERSITY of ROCHESTER