



THE UNIVERSITY OF  
**SOUTHERN MISSISSIPPI**

DEPARTMENT OF HOUSING AND RESIDENCE LIFE

118 College Drive #5064 | Hattiesburg, MS 39406-001

Phone: 601.266.4783 | [reslife@usm.edu](mailto:reslife@usm.edu) | [www.usm.edu/housing-residence-life/](http://www.usm.edu/housing-residence-life/)

***Permission Form for Minors in the Residence Halls***

- A same sex sibling (at least 14 years of age) of a resident currently living in a residence hall at the University of Southern Mississippi may be permitted to stay overnight in the resident's room on **Friday and Saturday nights ONLY**. *Special Permission from the Assistant Director must be obtained for weeknights.*
- The resident is responsible for the sibling guest and must **accompany them at all times** while in the residence hall(s) and on campus.
- All Department of Housing and Residence Life and The University of Southern Mississippi policies must be followed by the sibling guest during the stay.
- The resident must obtain approval from the roommate or all suite mates before the sibling guest stay begins.
- Minors are not allowed to stay overnight during the first week of fall semester nor the last two weeks of the academic term.
- The Overnight Guest Form and Permission Form for Minors in the Residence Halls must be completed and submitted to the Department of Housing and Residence Life at least five (5) business days prior to the date of the sibling guest stay.
- The Permission Form for Minors in the Residence Halls must be completed and signed by the minor's parent or legal guardian and submitted via e-mail or through the mail (all contact information listed above).

Minor's Name: \_\_\_\_\_ Age & Date of Birth: \_\_\_\_\_

Arrival Date & Time: \_\_\_\_\_ Departure Date & Time: \_\_\_\_\_

Resident/Host's Name: \_\_\_\_\_ Resident's Student ID #: \_\_\_\_\_

Residence Hall & Room #: \_\_\_\_\_ Resident's Cell Phone #: \_\_\_\_\_

Parent / Legal Guardian's Name: \_\_\_\_\_

Parent/Guardian Home Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Cell Phone #: \_\_\_\_\_

Does the minor have any medical conditions that we need to be aware of? \_\_\_\_\_

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*As this minor's parent or legal guardian, I grant permission for the minor named above to visit the residence halls at The University of Southern Mississippi. I understand that the student host is completely responsible for the welfare of this minor. Furthermore, I agree to pick up the minor upon request by the University or the host student.*

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Use Only  
Date & Time Received: \_\_\_\_\_ Approved By: \_\_\_\_\_