



GRADWEEK CO-ED ROOMING FORM
LETTER OF PERMISSION FOR CO-ED ROOMING

Group Number: _____

School/Group Name: _____

Date: _____

FOR OFFICE USE ONLY: Approved ___ Not Approved ___ _____ Processed By _____ Date _____

To GradWeek:

We the undersigned parents and/or legal guardians, authorize our son/daughter, to stay in a co-ed room. The following students will be roommates. We understand that GradWeek will not be responsible or liable for any damages or misconduct occurring from this arrangement. We also understand that all parents of the coed room must give their permission before the room is approved, even if any student is eighteen (18) years of age or older. We further understand that if the occupancy falls below (4) four to a room, additional charges will apply.

The following students will be roommates:

1) _____ Traveler ID #: _____
(PLEASE PRINT STUDENT NAME)

(PLEASE PRINT PARENT NAME) (PARENT SIGNATURE)

2) _____ Traveler ID #: _____
(PLEASE PRINT STUDENT NAME)

(PLEASE PRINT PARENT NAME) (PARENT SIGNATURE)

3) _____ Traveler ID #: _____
(PLEASE PRINT STUDENT NAME)

(PLEASE PRINT PARENT NAME) (PARENT SIGNATURE)

4) _____ Traveler ID #: _____
(PLEASE PRINT STUDENT NAME)

(PLEASE PRINT PARENT NAME) (PARENT SIGNATURE)