

LABI WEEKEND PASS

PERSONAL INFORMATION (Where will you be staying?)

Full Name: _____
Last *First* *Room Number*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Mobile Number: () _____

Whose house: _____

LEAVING AND RETURNING

Time Leaving:	Date:
Time Returning:	Date:

When leaving campus over night, student must fill out a *weekend pass* and turn in to his/her RA or to the Residence office before leaving campus.