

75 Piedmont Avenue NE  
Suite 110  
Atlanta, Georgia 30303

## Underage Guest Permission Form

Host name: \_\_\_\_\_

Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Host Contact Number: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Contact Number: \_\_\_\_\_

Overnight Visit:  Yes  No

Arrival Date and Time \_\_\_\_\_ Departure Date and Time \_\_\_\_\_

*I acknowledge that the above information is accurate and truthful to the best of my knowledge. I understand that presenting false information will be considered a violation of the Community Living Guide and will result in disciplinary actions.*

Host Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *To be Completed by the RHD/AHD*

- Received verbal confirmation
- Received written confirmation
- Completed this form 48 hours in advance of visit

X \_\_\_\_\_  
RHD/AHD Name

X \_\_\_\_\_  
RHD/AHD Signature

Date of Authorization: \_\_\_\_\_