

AMERICAN UNIVERSITY OF BEIRUT
OFFICE OF STUDENT AFFAIRS – STUDENT HOUSING

CURFEW WAIVER

I, _____, the undersigned, (parent or legal guardian only) do hereby declare that Miss/ Mr. _____

I.D. No. _____ / Dorm & Room _____, has my permission to be exempted from the curfew policy. I understand that by granting this permission, I give the aforementioned student the freedom to get in and out of the dorm without any restriction whatsoever and throughout the period of his/her stay.

Telephone: (Home) _____ (Mobile) _____

Fax (if any): _____ Email: _____

Mailing Address: _____

Relationship to Student: _____ Signature: _____

This form must be **signed** by the **parent or legal guardian, in person**, at the Office of Student Affairs in West Hall. In the event the parent or guardian is **residing outside Lebanon**, then he/she should **send this form by mail or fax it**. Please check the contact address below.

- **Curfew hours** are as follows:
Sundays - Thursdays: 12:00 Midnight – 7:00 AM
Fridays: 1:00 AM – 7:00 AM / Saturdays: 2:30 AM – 7:00 AM
- **Students** who are found to have **falsified this document** will be subject to **severe disciplinary measures** at the discretion of the Dean of Student Affairs. AUB reserves to itself the right to verify the signature found on the said document by whatever means possible. **Only Graduate and Medicine** students are entitled to sign this form without being required to obtain the counter-signature of parent or legal guardian.
- This **form shall remain valid** throughout the resident's stay at the dorm **unless** the parent or guardian concerned notifies, **in writing**, the Office of Student Affairs of his/her decision **to cancel this waiver**.
- If you have any inquiries, please contact us on the below mentioned address.



Coordinator of Student Housing
American University of Beirut
P.O. Box 11-0236/ Office of Student Affairs
Riad el Solh Square 1107 – 2020
Fax (961) (1) 744 478 **Tel.** 961 (1) 374374 / Ext. 3175