



Underage Guest – Waiver of Responsibility

I, the undersigned,

Parent of do hereby give him/ her permission to stay as a
guest of, I.D., dorm/ room.....;

I understand that I hold full responsibility of,
throughout her/his stay.

I also understand that the University rules and regulations (including but not limited to the
Student Code of Conduct) apply to all guests during their stay at the University.

I understand that by granting this permission, the University holds no liability for my son/
daughter throughout the period of his/her stay.

Date: _____

Signature: _____

If you have any inquiries, please contact us on the below address

Office of Student Affairs/ Student Housing

American University of Beirut

P.O. Box 11-0236/ Office of Student Affairs

Riad el Solh Square 1107 – 2020

Fax 00 961 1 744 478 Tel. 00 961 1 374374 / Ext. 3175/ 3183

Email stdhouse@aub.edu.lb