

# Dismissal Authorization Release Form

## Project Contemporary Competitiveness Advanced Studies Program at Stonehill College

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dormitory: \_\_\_\_\_ Proctor/ Room #: \_\_\_\_\_

Please check the reason for being dismissed:

\_\_\_\_\_ Doctor's Appointment \_\_\_\_\_ Eye Appointment

\_\_\_\_\_ College Visitation \_\_\_\_\_ Funeral

\_\_\_\_\_ Dentist/Orthodontist \_\_\_\_\_ Other (please explain)

Other: \_\_\_\_\_

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### The following information must be provided in order to process your dismissal:

Home Phone Number: \_\_\_\_\_

Parent / Guardian's Work or Cell Phone Number: \_\_\_\_\_

Who Will Be Picking Up the Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Dismissal Time: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form **must** be turned in to the front desk of your student's dorm prior to them leaving the program. Student **must** be met at the front desk to be dismissed.

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