

## Authorization

I, the under-signed, ..... and guardian of .....  
 agree to authorize Mr./Mrs./Miss.....

Kinship: .....who lives in: .....  
 to act on my behalf and represent me in all matters related to the student's residence in  
 the On-campus Residence.

Guardian's address: .....

Phone number: .....

**I agree      I don't agree**      To have my daughter participate in one-day trips  
 arranged by the University inside Jordan.

**I agree      I don't agree**      To have my daughter participate in multiple-day trips  
 arranged by the University inside Jordan.

**I agree      I don't agree**      To have my daughter sleep over off-campus over the  
 weekends and during official holidays and occasions at  
 the premises of the persons designated in the table  
 below

**I agree      I don't agree**      To have my daughter sleep over off-campus during the  
 weekdays at the premises of the persons designated in  
 the table below

Names of persons whom the resident is allowed to sleep over, upon guardian's  
 approval

Full Name	Kinship	Phone number	Full address
1.			
2.			
3.			
4.			
5.			

**Notes:**

1. Rooms are assigned conditionally for each semester, after which the student is to be considered for continuation or termination of lease.
2. The guardian shall notify the Female Students Housing Department in the event that the addresses of the guardian or his/her representative have changed or if the representative is changed.

**Date:**  
 .....

**Signature of guardian**  
 .....