

Lehigh University Child Agreement

Saucon Village

_____ Duh Drive Apartment _____

Occupant Information

Name: _____
Last First

LIN: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

Child Information

Name: _____
Last First

Relationship to Occupant: _____

Gender: _____

Lehigh Status: Child

Birthday: Month ____ Day ____ Year ____

Move In Information:

New Child- Move in Date _____

Current child submitting a renewal for next semester

Length of Stay:

Child (until current contract expires)

Parent/Guardian Signature: _____

Approved for Lehigh University by _____

Date _____