Consent for Authorized Person to Enter, Pack and Remove

Due to the current state of emergency, International House will allow current resident members that are absent from International House to authorize another person to pack and remove their belongings from the premises. Only ONE individual is allowed to enter and remove belongings on the absent resident’s behalf.

With the completion of this form, the resident understands that their belongings must be packed and removed from International House. They also understand that only the designated individual will have access to their room at a designated date and time. **All persons entering the building will observe proper Personal Protection Equipment protocol with the use of masks and gloves. (No exceptions)**

Resident Name: ____________________________________________________________________________

Email: __________________________________________________________________________________

Room #: ___________  Cell #: __________________________________________________________________

# of Boxes/Luggages: __________

Authorized Resident / Non-Resident: __________________________________________________________________________

Email: __________________________________________________________________________________

Designated Date Of Packing: ___________  Designated Time Of Packing: ___________

Liability:
In consideration of International House’s willingness to allow a delegated authorized person to enter, pack and remove the absent resident member’s property, the resident member agrees that their property will be packed and removed at their own risk, and International House assumes no liability for loss or damage due to theft, vandalism, fire, flood, leak, an act of nature, or any loss thereof or damages incurred thereto whatsoever.

The chosen authorized person assumes all responsibility pertaining to the belongings of the absent resident.

Resident Signature: __________________________________________________________________________

Date: _________________

Authorized Person Signature: _____________________________________________________________________

Date: ____________________

I-House Staff Signature: _________________________________________________________________________

Date: ____________________