

**STATE UNIVERSITY OF NEW YORK MARITIME COLLEGE**  
**REQUEST FOR SPECIAL AND MEDICAL LIBERTY FORM**

**INFORMATION**

CADET: \_\_\_\_\_ CLASS: 1/c  2/c  3/c  4/c  ROOM: \_\_\_\_\_  
COMMENCING DATE & TIME: \_\_\_\_\_ ENDING DATE & TIME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**WATCH**

WATCH ASSIGNMENT: Y  N  ROOM: \_\_\_\_\_  
WATCH RELIEF CADET AND CLASS: \_\_\_\_\_ WATCH RELIEF SIGNATURE: \_\_\_\_\_

**STATUS**

CONDUCT PROBATION: Y  N  RESTRICTION: Y  N  DRESS INSPECTION REQUIRED: Y  N

**REASON (be as descriptive as necessary to explain why the liberty is required within the space allowed)**

**APPROVAL CHAIN (sign and print name and circle "Approved" or "Disapproved")**

PLATOON COMMANDER:	_____	APPROVED / DISAPPROVED	DATE:	_____
COMPANY EXECUTIVE OFFICER:	_____	APPROVED / DISAPPROVED	DATE:	_____
COMPANY COMMANDER:	_____	APPROVED / DISAPPROVED	DATE:	_____
CAMPUS NURSE (MEDICAL LIB):	_____	APPROVED / DISAPPROVED	DATE:	_____
REGIMENTAL XO (RATES ONLY):	_____	APPROVED / DISAPPROVED	DATE:	_____
REGIMENTAL STAFF OFFICER:	_____	APPROVED / DISAPPROVED	DATE:	_____

**ACADEMIC NOTIFICATION**

CLASS:	INSTRUCTOR/DEPT. CHAIR (sign and print name)
1)	_____
2)	_____
3)	_____
4)	_____
5)	_____
6)	_____

*Signatures on this form indicate that both the student and the instructor acknowledge that this is an absence, and that the student is responsible for making up all missed material. The instructor may treat this as a charged absence in accordance with the course attendance policy. If, in the opinion of the instructor, the absence would adversely affect the student's academic performance, permission may be refused.*

**STATE UNIVERSITY OF NEW YORK MARITIME COLLEGE - REQUEST FOR SPECIAL AND MEDICAL LIBERTY  
CADET'S RECORD COPY**

CADET: \_\_\_\_\_ CLASS: 1/c  2/c  3/c  4/c  ROOM: \_\_\_\_\_  
COMMENCING DATE & TIME: \_\_\_\_\_ ENDING DATE & TIME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPANY COMMANDER: \_\_\_\_\_ APPROVED / DISAPPROVED DATE: \_\_\_\_\_  
RAO/DCOC: \_\_\_\_\_ APPROVED / DISAPPROVED DATE: \_\_\_\_\_

**STATE UNIVERSITY OF NEW YORK MARITIME COLLEGE - REQUEST FOR SPECIAL AND MEDICAL LIBERTY  
TO BE POSTED ON CADET'S DOOR**

CADET: \_\_\_\_\_ CLASS: 1/c  2/c  3/c  4/c  ROOM: \_\_\_\_\_  
COMMENCING DATE & TIME: \_\_\_\_\_ ENDING DATE & TIME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPANY COMMANDER: \_\_\_\_\_ APPROVED / DISAPPROVED DATE: \_\_\_\_\_  
RAO/DCOC: \_\_\_\_\_ APPROVED / DISAPPROVED DATE: \_\_\_\_\_

**STATE UNIVERSITY OF NEW YORK MARITIME COLLEGE - REQUEST FOR SPECIAL AND MEDICAL LIBERTY  
PLATOON COMMANDER'S COPY**

CADET: \_\_\_\_\_ CLASS: 1/c  2/c  3/c  4/c  ROOM: \_\_\_\_\_  
COMMENCING DATE & TIME: \_\_\_\_\_ ENDING DATE & TIME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPANY COMMANDER: \_\_\_\_\_ APPROVED / DISAPPROVED DATE: \_\_\_\_\_  
RAO/DCOC: \_\_\_\_\_ APPROVED / DISAPPROVED DATE: \_\_\_\_\_