

AUTHORIZED ABSENCE CARD (AAC)

Last Name: _____ Initials: _____ Class: _____

Unit: _____ 1UP: _____ 2UP: _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
0800-0900					
0900-1000					
1000-1100					
1100-1200					
1200-1300					
1300-1400					
1400-1500					
1500-1600					
1600-1700					
1700-1800					

GENERAL LOCATIONS:

- ☐ A-PASS (location) _____
- ☐ SICK-IN-QUARTERS
- ☐ PROFILE
- ☐ RAKT
- ☐ UA / LOUNGE (location) _____
- ☐ DINING HALL (location) _____
- ☐ PT (location) _____
- ☐ HEAD / SHOWER
- ☐ CAMPUS (location) _____
- ☐ BLACKSBURG
- ☐ CHRISTIANSBURG
- ☐ PASS (location) _____
- ☐ LEAVE (location) _____
- ☐ OTHER (location) _____

NOTES & MESSAGES:

VTCC SR Alcohol Privilege

Opt-In

Opt-Out

* Privilege NA during RED PH



ROOM INSPECTION FORM

Semester: _____ (_____)