

**\*All visitors must check-in at the front desk upon arrival, provide a picture I.D., and sign the Overnight Guest Form.  
VISITORS MUST BE 17 YEARS OF AGE AND THE SAME SEX AS THE RESIDENT HOSTING THE VISTOR.**

(Please Print)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Resident: \_\_\_\_\_ Hall: \_\_\_\_\_ Room#: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ # of visitors this month: \_\_\_\_\_

**Guest Information:**

Visitation period: From: \_\_\_\_\_ To: \_\_\_\_\_ Number of days: \_\_\_\_\_  
(Month/day/year) (Month/day/year)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Age: \_\_\_\_\_  
(must include)

\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

\_\_\_\_\_ Home Phone #: \_\_\_\_\_

I assume complete responsibility for the actions of my guest and I have informed my guest of all applicable rules and regulations.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guest

\_\_\_\_\_  
Date

**Signature of Roommate** (*This signature signifies that roommate agrees with me having an overnight guest*):

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Date

Cohabitation is not permitted in the residence halls. Cohabitation is defined as visitors residing with a resident, in a residence hall, and/or in a university-owned apartment for more than a total of four (4) nights in a 30-day period. Any resident found having an individual (other than roommates assigned by the Department of University Housing and Residence Life) living with them is subject to immediate eviction. All overnight guests must be checked out by 11:00 a.m. the following morning. Overnight guests are not permitted during finals week (the last day of class through the end of the semester/term last day to check out).

The Department of University Housing and Residence Life reserves the right to distinguish visitors from residents and revoke privileges in the event of inappropriate activities/behaviors at any point during the visit. **This form must be returned to a member of the Residence Life Staff 24 hours prior to the guest's arrival.**

RLC's Signature: \_\_\_\_\_ Date: \_\_\_\_\_