DEPARTMENT OF UNIVERSITY HOUSING AND RESIDENCE LIFE

OVERNIGHT GUEST FORM

*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 VISITOR.

(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: ___________________