

Overnight Guest Registration

Resident's name: _____

Building and Room Number: _____ Phone: _____
(Residents are required to escort their guest whenever the guest is inside of the building and are responsible for the behavior of their guest.)

Guest's name: _____ Age: _____
(All guests must follow university and housing policies.) (Minors under 18 years may not stay overnight, except for Siblings over 16 years with Written note from parent/guardian.)

Guest's Address: _____ DOB: _____

Type of ID shown and number: _____

Emergency Contact for Guest:

Name: _____ Phone: _____ Relationship: _____

Roommate's signature: _____ Date: _____

Suitemate's signature: _____ Date: _____

Suitemate's signature: _____ Date: _____

Guest's expected arrival Date: _____ Arrival Time: _____

Expected Departure Date: _____ Departure Time: _____

Comments: _____

RA Notification

RA's signature: _____ Date: _____

Comments: _____

Hall Director's Approval

_____ Approved

_____ Not Approved

Comments: _____

Hall Director's signature: _____ Date: _____