Overnight Guest Permission Form

Resident _____________________ has been granted permission by the Department of Residence Life to have an overnight guest in their apartment/suite/room for the following reasons.

Check all that applies:

___ Guest(s) staying for more than two consecutive nights

___ Guest(s) under the age of 16 *Must complete emergency contact*

___ Guest(s) without ID due to extreme situations *Must be approved by Assistant Director*

The resident’s guest(s) will stay in __________________________ from the date of _____________ to _____________.

List all names of guests (First, Middle Initial, Last)

1. __________________________ 
2. __________________________ 
3. __________________________

Emergency Contact Information for underage guest(s):

<table>
<thead>
<tr>
<th>Guest Name</th>
<th>Contact Name</th>
<th>Phone</th>
<th>Email</th>
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It is the understanding of the resident that they are to follow the visitation policy and any other policy that applies as stated in the Guide to Residence Living and will take full responsibility for their guest(s) and their actions while visiting in the residence hall.

Resident Signature: __________________________ Date: ____________

Suitemates/Roommate Signatures:

_________________________ Date: __________

_________________________ Date: __________

_________________________ Date: __________

_________________________ Date: __________

_________________________ Date: __________

_________________________ Date: __________

_________________________ Date: __________

_________________________ Date: __________

RHD/Assistant Director Signature: __________________________ Date: __________

[ ] Approved

[ ] Denied