

Overnight Visitation Request Form

Host Resident Information

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Building Name/Apt # \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Overnight Guest Information

Guest(s) must carry a valid picture ID and must present it to the University Officials upon request. Any guest without a valid ID will not be allowed access. (please print below)

Guest's Name \_\_\_\_\_ Age: \_\_\_\_\_

If guest is below 18:

Emergency Contact Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Roommate Approval

Roommate Name(s) \_\_\_\_\_

Roommate #1 Signature \_\_\_\_\_ Approve  Disapprove

Roommate #2 Signature \_\_\_\_\_ Approve  Disapprove

Roommate #3 Signature \_\_\_\_\_ Approve  Disapprove

Roommate #4 Signature \_\_\_\_\_ Approve  Disapprove

Vehicle Information (if they are driving a car)

Driver Name: \_\_\_\_\_ License Plate State: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Care Make/Model: \_\_\_\_\_

Color of vehicle \_\_\_\_\_

\*\*\*\*\*HOUSING STAFF ONLY\*\*\*\*\*

Circle one: Approve Deny Denial Reason: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_