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

Two guests only per each resident

Guest’s Name ____________________________ Age: ______________
Guest’s Name ____________________________ Age: ______________

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 _________________