



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 _____