

# Off Campus Overnight Guest Permission Form

(Permission Form must be returned to the Host Hall by Thursday at 10:00pm)

**To Be Completed by the Residence Hall Host—Host Hall:**  01  02  03  04  05  06  07

Guest's Name: \_\_\_\_\_ Overnight Dates (s): \_\_\_\_\_

Hall Host's Name: \_\_\_\_\_ Phone & Rm. #: \_\_\_\_\_

Campus Host's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Hall & Rm. #: \_\_\_\_\_

*My roommate and I have discussed and agreed upon the following parameters of his/her guest staying in our room: (to be completed by Roommate)*

- I am ok with guest spending the night for the days specified above?    Yes    No
- Guest may sleep in my bed?    Yes    No

Roommate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **To Be Completed by the Guest:**

Guest's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Relation to Host: \_\_\_\_\_ Room of Stay: \_\_\_\_\_

Emergency Contact Information - Person to be notified in case of an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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**Please read the following carefully. By providing your signature, you are consenting to the following statement/s.**  
*(If there are two hosts of opposite genders—in the case of a dance etc.—both the Hall Host and Campus Host must sign below.)*

Hall Host: *I am aware that I am responsible for my guest at all times.*

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

Campus Host: *I am aware that I am responsible for my guest at all times. (If different from Hall Host)*

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

Guest: *I agree to abide by all rules and regulations set forth by the academy.*

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

**RC Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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**Hall Office Use Only** – Permission form **MUST** be returned to Host Hall office by Thursday at 10:00pm.

Guest Check-In Time: \_\_\_\_\_ Date: \_\_\_\_\_ Key's Taken: \_\_\_\_\_ RC Initials: \_\_\_\_\_

Guest Check-Out Time: \_\_\_\_\_ Date: \_\_\_\_\_ Key's Returned: \_\_\_\_\_ RC Initials: \_\_\_\_\_

Comments: