

STUDENT INFORMATION

Name: _____

☐ Male ☐ Female Date of Birth: ____ / ____ / ____

Residence Hall/ Room: _____

Phone Number: _____

Guest and Visitation Guidelines:

1. Students must register their guest (and vehicle) by 10pm the evening the guest arrives in the Campus Safety Office.
2. For an overnight guest, the host resident must receive their roommates approval.
3. The host is responsible for their guests actions and must remain with them at all times.
4. Guests are not permitted to remain on campus longer than 3 consecutive days in a 7 day period. Guests are not permitted to remain on campus for more than 9 days in a 1 month period.
5. Students or guests who do not follow the visitation guidelines may be subject to the conduct process and may result in loss of guest privileges.
6. All guests must follow current SJC COVID-19 policies.
7. All guest's need to be fully vaccinated which is considered two weeks after second vaccination (Moderna & Pfizer) or after first vaccination (J&J).

GUEST INFORMATION

Name: _____

☐ Male ☐ Female Date of Birth: ____ / ____ / ____

Guest Address: _____

Town: _____ State: _____ Zip: _____

Guest's Phone: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone #: _____

GUEST VEHICLE (IF APPLICABLE)

Make: _____ Model: _____

Color: _____ Year: _____

Plate #: _____ State: _____

Date of Guest Arrival: _____

Date of Guest Departure: _____

COVID Vaccine:

☐ Yes ☐ No

Staying Overnight?

☐ Yes ☐ No

Date of Last Vaccination: _____

Signatures

Student: _____ Date: _____

Roommate: _____ Date: _____

Guest: _____ Date: _____

Approval Stamp

Approval Date

Student ID

Guest ID