



GUEST REGISTRATION FORM

7-Day Return Date

STUDENT INFORMATION

Name: _____
Phone Number: _____
Residence Hall /Room: _____
Male ____ Female ____ D.O.B. : _____

GUEST INFORMATION

Name: _____
D.O.B.: _____ Male ____ Female ____
Guest Address: _____
Town: _____ State: ____ Zip: ____
Guests Phone Number: _____
Emergency Contact Name: _____
Relationship: _____
Emergency Contact Phone #: _____

GUEST AND VISITATION GUIDLINES

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. Non-overnight guests should leave no later than the start of Quiet Hours

GUEST VEHICLE INFORMATION

Make: _____ Model: _____
Color: _____ Year: _____
Plate #: _____ State: _____

Guest Arrival Date: _____
Guest Departure Date: _____
Staying Overnight? Yes ____ No ____

SIGNATURES

Student: _____ Date: _____
Roommate: _____ Date: _____
Guest: _____ Date: _____



CAMPUS SAFETY CONTACT INFORMATION

Student ID

OFFICE USE ONLY

Approval Stamp

Approval Date

Guest ID

OFFICE USE ONLY