

To request an overnight guest, residents should complete this form and submit it to their respective Community Director (CD). The CD will submit any **approved requests** to the Resident Assistant On-Duty (RAOD) and notify the requesting resident of the request status via JagMail. **Overnight guests must be escorted at all times.**

RESIDENT INFORMATION

Please type or print legibly

Resident Name: _____

Jag # J00 _____ Building: _____ Room # _____

Date of Overnight Visit: _____ Date Submitting Request: _____

of Nights: _____ Cell Phone # (_____) _____

GUEST INFORMATION

Please type or print legibly

Guest Name: _____ Date of Birth _____

In case of emergency: Contact Name: _____

In case of emergency: Contact Phone #: (_____) _____

Address: _____ City/State/Zip: _____

Date of Arrival: _____ Date of Departure: _____

Guest Cell Phone # (_____) _____

By signing below, I acknowledge that I have reviewed the Community Standard for 'Guests' (II.4.) in its entirety, have had sufficient time to review and seek explanation, understand it fully, and agree to abide by the standard while my guest is present. I further acknowledge by my signature below that all students and visitors are expected to uphold high standards of behavior and any violation of USA Housing Community Standards or Student Code of Conduct by my guest or myself will subject me to disciplinary action through the Housing Judicial Process.

Requesting Resident's Signature: _____

Roommate's Approval Signature (1): _____
(if applicable)

Roommate's Approval Signature (2): _____
(if applicable)

Roommate's Approval Signature (3): _____
(if applicable)

For Office Use Only:

Date reviewed by CD:

Date of approval by
CD (if applicable):

Name of staff member
who placed copy of
form in RAOD binder:

Date student was
notified of approval via
JagMail with attached
copy of form:

Name of staff member
who sent approval
email to resident:

Number of overnight
guest requests for this
student:
