

Overnight Visitor Request Form

Name of Resident Submitting Request: _____

Name of Visitor: _____ Date of Visit: _____

Resident's Room #: _____ Roommate's Approval: _____

Suitemate 1 approval: _____

Suitemate 2 approval: _____

RA approval: _____

When completed, return this to the Residence Life office during regular office hours or to the security office after hours.

Housing Staff Approval: _____

(If immediate approval is needed, security may telephone the housing director on his cell phone prior to 10:00 p.m. After 10:00 p.m., no approvals will be granted until after 9:00 a.m. the next day.)

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