

VIRGINIA STATE UNIVERSITY DEPARTMENT OF RESIDENCE LIFE OVERNIGHT GUEST FORM

Guest of the same gender are allowed to stay overnight with prior consent of the residents roommate, notification of the Residence Educator, and completion of the Overnight Guest Visitation Form. The Residence Educator must be notified 48 hours prior to the overnight guest's arrival. All guests must present a picture ID to the Residence Educator or Staff Member before signing in. There will be no more than one overnight guest per resident. Guest are allowed to stay no more than three (3) consecutive days. Failure to monitor guest behavior and assuring adherence to rules WILL result in disciplinary action against the resident.

Resident Name:	Signature:					
Residence Hall:	Room #:	Date:				
RESIDENT: With you will be held accountable	Arrival Date:					
ROOMMATE: With roommate to having an o	Departure Date:					
,	_ I will abide by all rules of the Residence Hall	Guest ID Number:				
	 I will abide by all rules of Virginia State University I will furnish my ID upon request when entering the residence I I understand that I can be asked to leave at any point during my 	Approved: Yes No	Initials			
Guest Name:	Signature:					
Roommate Name:	Signature:					



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Resident Name:	Signature:			
Residence Hall:	Room #:	Date:		
RESIDENT: With your signature the above named re will be held accountable for your guest's actions.	Arrival Date:			
ROOMMATE: With your signature the roommate consents to allow the above named roommate to having an overnight guest for the time frame indicated.			Departure Date:	
GUEST: (Initial) I will abide by all rules of the Residence Hall I will abide by all rules of Virginia State University			Guest ID Number:	
I will furnish my ID upon request when entering the residence hall I understand that I can be asked to leave at any point during my stay			Approved: Yes No	Initials
Guest Name:	Sig	gnature:		
Roommate Name:	Sig	gnature:		