

Office of Housing, Residential Living and Dining
OVERNIGHT GUEST REGISTRATION FORM

Name/Signature of Host: _____

Room/Building: _____

Name of Guest: _____ **Over 18 years of age? Y / N**
please circle one

If under 18 years of age: _____ Emergency name and contact phone number: _____

| OVERNIGHT GUESTS |
|---|
| <u>ADULT GUESTS:</u> |
| <ul style="list-style-type: none"> • All guests <i>must</i> fill out an overnight guest registration form available in each residence hall/suite office and follow all of the rules listed on the form • A photo ID which lists a birth date is required of any guest |
| <u>*MINOR GUESTS (under age 18):</u> |
| <ul style="list-style-type: none"> • All guests <i>must</i> submit Minor Visitation Form signed by the parent or legal guardian of the minor child prior to visit • A photo ID which lists a birth date is required of any guest |

Every guest is subject to University rules and regulations. The resident host agrees to monitor and accept responsibility for the behavior of her/his guests. Guests must be escorted by their hosts at *all* times.

The right to sleep, study, and privacy supersedes visitation privileges. Overnight guests, limited to two per resident, can visit for up to three consecutive days (72 hours) in the assigned room of the host on a space available basis, **only if there is advance consent** of all residents of the room and in accordance with the specific visitation policies established for that floor.

Anyone who visits a room that is not their own after 12:00 midnight and before 5:00am is considered to be an overnight guest.

The University reserves the right to deny access to any guest if it has been determined that such a person as disturbed, dangerous or disruptive to the residents or the facilities.

*Individuals under the age of 18 and who are unaccompanied by their legal parent or guardian wishing to stay overnight are required to complete the Minor Visitation Form found on the IUP Housing Website (www.iup.edu/housing). This form must be completed and signed by a legal parent/guardian and should be presented to the front desk of the community in which they are staying.

I hereby give permission for my roommate to host an overnight guest in our room on the dates and times identified below:

ROOMMATE(S)/SUITEMATE(S) SIGNATURES

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Dates/Times Visiting:

DATE IN: _____ **TIME IN:** _____

DATE OUT: _____ **TIME OUT:** _____

Form must be completed and turned in to hall office prior to guest staying in building overnight.

-Do not write below this line. *For official use only*

Date received: _____ Time received: _____

Received by: _____
Residence Life staff signature