EXTENDED GUEST REGISTRATION

STUDENT RESIDENT INFORMATION

Name_____ Apt.#_____ E-mail _____

Daytime Phone #_____ Evening Phone #_____

GUEST INFORMATION

Name _____Departure Date _____

English Proficiency *(Please check one):*

☐ No working knowledge ☐ Understands but does not speak

☐ Basic ☐ Fluent

Emergency Assistance: Does your guest need assistance in the event of an emergency?   ☐ Y ☐ N

As a resident registering an extended guest, I agree to the following:

- I am responsible for my guest and any damage caused by my guest will be billed to my account
- I will review the policies and standards of the community with my guest
- I will be held responsible for any policy or community standard violation enacted by my guest
- I and/or my guest will not prop doors open
- I and/or my guest will not sleep overnight in public areas
- I and/or my guest will not smoke in the building or within 15 feet of the building
- I and/or my guest will evacuate from the building when the fire alarm sounds
- I am aware that violations of the extended guest policy could result in a range of actions from removal of guest to loss of housing.
- I will return all temporary access materials to the Housing Operations Manager within 72 hours of my guest's departure.

Please note that any stay longer than 30 days must be approved by the Housemaster/RLA; stays beyond 90 days will not be permitted. A resident is permitted to have no more than two extended guests at any given time. Any extended guest who stays 30 days or more must wait six months before returning for an additional extended stay.

I, the undersigned, understand that failure to fulfill the agreed upon statements above will be viewed as a violation of the extended guest policy and thus allow for the stated consequences to be enacted. I also confirm that all information provided in this document and additional materials provided at time of registration are current and true. Should any information change, I will notify the Housing Operations Manager of the change.

Resident Signature_____ Date _____

Resident Name Printed_____

Guest Signature_____

Guest Name Printed_____

Office Use Only
Issued (Circle all that apply):
LA   APT   C
C#: _____