



HOUSING GUEST REQUEST FORM

Please note: forms must be approved by your Resident Assistant 48 hours prior to the day they are applicable.

GUEST Name: _____ Guest Date of Birth: _____
dd/mm/yy

Date of Visit: _____ To _____ ****ALL guests must be over the age of 18****

Please indicate if this guest's stay is: _____ Overnight _____ Daytime

HOST Name: _____ Phone #: _____

Residence: Neyoh Keyoh Suite: N S _____ Bedroom: 1 2 3 4

I am aware that I am responsible for my guest's behaviour and must be present at all times to host the guest.

Residents are allowed to have two (2) overnight guests in their room for a maximum of four (4) nights in any given month.

Signature: _____ Student ID #: _____

ROOMMATE APPROVAL: *I give permission for the above stated guest to visit my suite for the duration stated above.*

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Resident Assistant Signature of Approval: _____

White—On Call Binder Carbon Copy—Guest (please note guests are required to keep their copy with them at all times)