

Housing & Residence Life **Overnight Guest Visitation Request Form**

IMPORTANT INFORMATION

 This form is due to Housing & Residence Life no later than noon on the day prior to the guest's arrival. Except for weekend guests (arriving Saturday & Sunday), the form must be submitted no later than noon on Thursday. Each resident is permitted to have only <u>one</u> overnight guest per night. No resident may host a guest for more than 2 (two) consecutive nights within a seven-day period without approval from the main HRL office. All guests/visitors must present their pass, swipe card, and a valid ID every time you check in at the front desk. The Host must have completed at least 2 (two) verifiable hours of study completed in-hall or on campus. All traditional hall guests must check-out by 11:59pm on last date of visit. If your guest plans to park on campus, you will need to get a <i>temporary</i> parking for your guest Please note: If the swipe card is lost, the resident will have to pay \$20 for its replacement. Residents are responsible for their guests at <u>ALL TIMES</u>. Visitation violations will result in a \$200 fine. 			
RESIDENT INFORMATION			
Name of Resident:	NSU ID Number:		
Residence Hall:	Room No		
NSU Email:	Phone #:		
GUEST	INFORMATION		
Full Name:			
Address of Guest:	C'		
Phone #:	City	State Zip Code Age:	
Arrival Date:	Departure Date:		
Vehicle Details: (if your guest plans to park on o	campus)		
Make: State I	Plate:	License Plate #:	
Emergency Contact Person: Name:	Pho	one #:	
ROOMMATE AGREEMENT			
I,///////		do hereby agree to the	
weekend visitor of my roommate,(Hos	st Name)	on the weekend of (<i>Date</i>)	
I am aware that check-in will begin on	,		

(Date)

(Date)

Date ___

IN-HALL VERIFICATION OF STUDY/TUTORING INFORMATION

The student (Host) listed in the **Resident Information** section of this Overnight Guest Visitation Request Form is seeking permission to host a guest in one of our residential communities. To be approved, the Host must demonstrate that he/she has completed a minimum of 2 (two) hours of studying or tutoring in their residence hall or campus resource center for the week prior to or including the week visitation is desired. The study or tutoring hours must be completed by the Host prior to submission of this Form.

am verifying that		
Hall Director Name (Print)	Host Student Name (Print)	
has completed	hours of study or tutoring in his/her hall for the time	
frame overnight visitation is requested.		
Host Signature	Date	
Hall Director Signature	Date	