



# Guest Registration Form

Host Name (Resident): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Living Unit: \_\_\_\_\_ Phone: \_\_\_\_\_

GUEST 1 NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M / F

Dates of guest's overnight visit: \_\_\_\_\_ - \_\_\_\_\_ Guest home phone: \_\_\_\_\_

Relationship to host: \_\_\_\_\_

Home address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

My guest(s) will need a temporary parking permit issued

Vehicle license number: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

## HOST COMMITMENT

I understand that as a host, I am completely responsible for the conduct of my guest(s) while they are staying with me on the UAS campus. He/she is expected to abide by all Residence Life policies outlined in the handbook, as well as any state, federal, or local laws. I will financially be held responsible for infractions, damages, or theft. I am aware that I must secure signatures of my living-mates indicating that I have informed them of my guest's visit and that they have approved the extended stay, not to exceed 7 consecutive nights without written approval from Washko. Finally, I understand that the right of my living-mates will be protected at all times, as well as the rights and standards of the UAS housing community, and that this registration may be canceled at any time by a professional Residence Life staff member.

\_\_\_\_\_  
Host Name (printed) Signature Date

## ROOMMATE CONSENT

We, the undersigned, approve the guest(s) above for the duration of the time indicated on this form (up to 7 consecutive nights only). We understand that our roommate will be responsible for the behavior of her/his guest and that if at any time we wish to terminate this agreement because the guest has infringed upon our rights, broken policy, or is generally a nuisance or disruptive to the living community, we can notify an administrator and our rights will be upheld.

\_\_\_\_\_  
Roommate Name (printed) Signature Date

\_\_\_\_\_  
Roommate Name (printed) Signature Date

\_\_\_\_\_  
Roommate Name (printed) Signature Date

Approval of Residence Director or RLM: \_\_\_\_\_