

OFFICE OF RESIDENCE LIFE

# GUEST REQUEST FORM

**Student Information:**

(please print clearly)

NAME: \_\_\_\_\_

SUITE: \_\_\_\_\_

PHONE: \_\_\_\_\_

MAILBOX #: \_\_\_\_\_

GUEST'S DATE OF ARRIVAL: \_\_\_\_\_ DATE OF DEPARTURE: \_\_\_\_\_

IS THE GUEST AN MMC STUDENT? YES \_\_\_\_\_ NO \_\_\_\_\_

RELATION TO THE GUEST: \_\_\_\_\_

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**Guest Information:**

*All overnight guests must provide a valid state I.D.*

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

CONTACT'S PHONE #: \_\_\_\_\_

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**Roommate Waiver**

*Be advised that all suitemates must sign this form.*

*Also note that there may be only 2 overnight guests per apartment!!!!*

WE, THE UNDERSIGNED AND OCCUPANTS OF SUITE \_\_\_\_\_, HEREBY AGREE THAT OUR SUITEMATE \_\_\_\_\_ HAS OUR PERMISSION TO HAVE AN OVERNIGHT GUEST FOR THE TIME PERIOD INDICATED ABOVE.

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Note: Any resident found forging their roommate or suitemate(s) signature(s) will lose their guest privileges for the remainder of the academic year. \*\***

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**For Office Use Only**

NUMBER OF NIGHTS: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

REASON: \_\_\_\_\_

\_\_\_\_\_

GUEST PRIVILEGES REVOKED: \_\_\_\_\_

RA OR RD SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\* All Guest Request Forms must be handed directly to the RA ON DUTY at least 24 hours prior to guest's arrival. All requests that are late or not handed to the RA ON DUTY will be discarded. The RA ON DUTY is available between 8pm and Midnight on the 1<sup>st</sup> floor of the 55<sup>th</sup> Street Residence Hall \*\***