
Residence Life

MarymountManhattan
NEW YORK CITY

16 or 17 Year Old Sibling Overnight Guest Form

Student Information: (please print clearly)

NAME: _____ SUITE: _____

CELL PHONE: _____

DATE SUBMITTED: M T W TH F SA SU (write date): _____

GUEST'S DATE OF ARRIVAL: M T W TH F SA SU (write date): _____

DATE OF DEPARTURE: M T W TH F SA SU (write date): _____

TOTAL NUMBER OF NIGHTS THE GUEST WILL STAY (circle one): 1 / 2 / 3

Guest Information: All overnight guests must provide a valid photo I.D.

NAME: _____ AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

EMERGENCY CONTACT: _____

CONTACT'S PHONE #: _____ RELATION TO GUEST: _____

The following must be provided in order to receive approval from Resident Director (RD):

_____ Letter from Parent/Guardian granting permission for 16 or 17 year old sibling to visit with an emergency contact. This must include a hand written signature on permission letter.

_____ Copy of Guest's Health Insurance Card.

_____ Copy of Guest's photo ID to be used when entering the Residence Hall.

Resident Must:

- Submit Sibling Guest Form at least seven (7) days prior to the date of visit to the student's Residence Director (RD) by email or dropping the form off in the Office of Residence Life located in Carson Hall 500 at 221 East 71st to be pre-approved by the RD.
- If pre-approved by the RD, form must then be brought to the RA Office to complete the Guest request or placed in the Guest Form Drop Box at security prior to guest's arrival.

(over)

***Roommate Waiver - Be advised that all roommates must sign this form.
Also note that there may be only 2 overnight guests per apartment per night!***

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

GUEST POLICY

- Residents forging their roommate(s) / signature(s) will lose guest privileges for the remainder of the academic year.
- Siblings under the age of 16 are not permitted as an overnight guest. Misrepresenting a sibling's age on the sibling guest form will result in loss of guest privileges for the remainder of the year.
- Residents may have a single overnight guest for no more than six nights per calendar month, whether the same guest or different guests each night.
- A resident may have an overnight guest for no more than three consecutive nights.
- A non-resident may not be an overnight guest in the residence halls for more than six nights per calendar month, whether with the same host or with different hosts each night.
- No apartment may have more than two overnight guests on any given night, no more than two per resident.
- If the resident or the sibling guest is involved in a policy violation, the parent will be called and will be responsible to make arrangements for the sibling to leave after 8 am of that day if the incident is after midnight or after 8 am of the following day if incident occurs before midnight.

For Office Use Only

NUMBER OF NIGHTS: _____

RD PRE-APPROVED: _____ **DATE:** _____ **RD SIGNATURE:** _____

RA APPROVED: _____ **DENIED:** _____

REASON FOR DENIAL:

INSTRUCTIONS FOR RA ON OFFICE DUTY:

RA SIGNATURE: _____ **DATE RECEIVED:** _____

All Sibling Guest Forms must receive pre-approval from the Office of Residence Life at least seven (7) days prior to guest arrival. All Sibling Guest Forms must then be handed directly to the RA on office duty no later than 10 p.m. on the night of the guest's arrival. All requests that are late or not handed to the RA on office duty will be discarded. The RA on office duty is available between 8:30 pm and 10:00 pm each night in the RA Office.