

Resident Overnight Guest Agreement

Effective 10/19/15

Please Print

Name of Resident Hosting Guest: _____

Student ID Number (A#): _____ SRSU Email Address: _____

Phone: (_____) _____ Room # _____
Area Code XXX-XXXX

Building (check one): LV1 LV2 LV3 LV4 LV5 LV6 LV7 Fletcher

Name of Guest: _____ Relationship of Guest to Host: _____

Date(s) of Stay _____ # of nights (3 nights max per month): _____

ROOMMATE

I agree that the resident listed above may have their guest stay in the unit leased to my roommate and myself as long as the above guest follows all of the guest rules, policies and procedures.

Signature of Roommate _____ Date: _____

STUDENT HOSTING THE GUEST

I agree to be responsible for my guests conduct during their stay at Sul Ross State University residential living facilities. I further acknowledge that my guest must be escorted at all times and cannot be left alone in my room.

Signature of Host _____ Date: _____

GUEST

I acknowledge that I must follow all of the rules contained in the SRSU Student Handbook and Residential Living Handbook. An online copy of the residence hall handbook is available online on the main residential living web site and a paper copy is available in the residential living office.

Signature of Guest _____ Date: _____

OFFICE USE ONLY-Do not write below this line

Director of Residential Living Signature

Date