



**RESIDENCE HALL
OVERNIGHT GUEST REGISTRATION**

RESIDENCE LIFE

NAME OF RESIDENCE HALL: _____

DATE(S) OF VISIT: _____

HOST/HOSTESS INFORMATION:

Host/Hostess Name _____

Host/Hostess Hall & Room Number _____

Host/Hostess Telephone Number _____

GUEST/VISITOR INFORMATION:

Guest/Visitor Name _____

Guest/Visitor Permanent Address:

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone Number: (_____) _____

Emergency Contact Information:

Name _____

Telephone Number (_____) _____

FOR RETURN GUESTS ONLY:

DATE OF VISIT

Additional entries on reverse side

For the Host/Hostess, please initial each statement:

- _____ I have informed my roommate(s) that an overnight guest will be staying.
- _____ I understand that alcohol is prohibited on the campus of Slippery Rock University regardless of my guest's age.
- _____ I understand that I am to escort my guest at all times while they are in the residence hall and I am responsible for their actions.
- _____ I understand that in the case of a fire or tornado emergency, I am to escort my guest to designated safe locations.
- _____ My guest is at least 17 years of age. ***If a guest is under the age of 17, a legal parent or guardian must also sign for them.***

I understand that I am a visitor/guest at Slippery Rock University, and must abide by the rules and regulations as stated in the University Code of Conduct (<http://www.sru.edu/offices/student-conduct/code-of-conduct>) and the On-Campus Living Guide (<https://www.sru.edu/life-at-sru/housing/types-of-housing/residence-halls>). A violation of these rules may lead to my being asked to leave the building and/or campus.

Visitor/Guest Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Required for guests under 17 years of age)

I understand that as host/hostess I am responsible for informing my guest the rules and regulations of the University. I also understand that I am responsible for the conduct of my visitor/guest.

Host/Hostess Signature _____ Date _____