

OVERNIGHT GUEST REQUEST FORM

An Overnight Guest is only permitted by obtaining an Overnight Guest Pass

1. The form must be completed and approved by the Office of Residential Life Professional Staff by 4 p.m. two (2) business days **BEFORE** the date of the Overnight Guest. An Overnight Guest Pass will be issued to the Overnight Guest when they initially enter the residence hall of their Host Resident. Overnight Guest Passes must be claimed by 11:30 p.m. at the RA Office of the building where the Host lives. Overnight Guest Passes cannot be issued after this time. (*i.e., requests for an Overnight Guest on Friday night should be submitted by 4 p.m. on the Wednesday beforehand*)
2. An Overnight Guest is defined as a Non-Resident person who is in a Resident student's room past midnight (12 a.m.). An Overnight Guest is permitted only after obtaining an approved Overnight Guest Pass. Overnight Guest s are required to always carry the Overnight Guest Pass. The Overnight Guest Pass must be produced upon request by any member of the University Police Department, Office of Residential Life Staff, or SUNY (State University of New York) Old Westbury staff member for any duration of their stay.
3. All Overnight Guest Pass applications must be agreed upon by the Host's roommate through signed approval. All Overnight Guest Passes must be approved by the Office of Residential Life staff. The Office of Residential Life can adjust, extend, or suspend visitation and Overnight Guest as needed. Residents are limited to one (1) Overnight Guest per night. The maximum number of Overnight Guest visits per Resident is four (4) nights per month. Each Overnight Guest has a limit of four (4) nights overnight in the residence halls per thirty (30) calendar days regardless of Host.
4. There will be no Overnight Guest Passes during the first two (2) weeks of the semester and final exam periods.
5. If any Resident is found hosting unapproved Overnight Guest s (person living in residence halls without consent, license agreement or payment) they may be subject to Student Conduct proceedings.

HOST STUDENT	OW RESIDENT HOST NAME: _____
	HALL: _____ RM/SUITE _____
	OW HOST ID# 700- _____ CELL PHONE #: _____
	START DATE: _____ END DATE: _____
	By signing below, I understand that I am responsible for the behavior of my Guest while they are in the residence halls and on campus. I understand that I may be subject to Student Conduct proceedings if my Guest violates the policies of the residence halls or campus.
OW HOST SIGNATURE _____ DATE _____	
GUEST	Please check off one (1) category: ___ Residential Student ___ Commuter ___ Off-Campus/ Non-Affiliate
	GUEST FULL NAME: _____
	GUEST ADDRESS: _____
	CELL PHONE #: _____
	GUEST EMERGENCY CONTACT (NAME AND PHONE #): _____
ROOMMATE(S)	I AGREE THAT THE GUEST NAMED ABOVE MAY STAY IN MY ROOM FOR THE SPECIFIED DATES.
	#1 SUITEMATE/ ROOMMATE NAME _____ SUITEMATE/ ROOMMATE SIGNATURE _____
	#2 SUITEMATE/ ROOMMATE NAME _____ SUITEMATE/ ROOMMATE SIGNATURE _____
	#3 SUITEMATE/ ROOMMATE NAME _____ SUITEMATE/ ROOMMATE SIGNATURE _____
ORL	Request was received by (DATE): _____
	STATUS (CIRCLE ONE): APPROVED DENIED STAFF SIGNATURE _____