



# Overnight Guest Request

Students who live on-campus and want to make a request for an overnight guest must notify the Office of Residence Life at least 36 hours in advance. **The fee is \$10.00 per day per guest.** Students must complete this request form and return it to the Office 36 hours before their guest's visit. The applicable fee must be PAID, in full, once approval has been granted by the Housing Office. Guests may NOT stay more than three (3) consecutive nights in on-campus housing. The Cashier's Office closes at 4pm each week day, **please plan accordingly.**

## SNOW COLLEGE

## RESIDENCE LIFE

150 College Avenue  
Ephraim, UT 84627  
435.283.7280  
www.snow.edu  
housing@snow.edu

**The Office of Residence Life reserves the right to refuse overnight guests at any time.** Residents with a current contract staying with another resident will NOT be charged, but this form MUST be completed with all roommate signatures.

If you are a resident in a private room, even a sleep study room, you must complete this form. Private sleep study residents will not have roommate signatures.

### NOTICE

1. Expedited requests, within 36 hours of arrival, will be charged an additional \$5 per night per guest, **if approved.**
2. Students who fail to notify the Office of Residence Life about an overnight guest will be charged \$50 per night plus the additional overnight guest fee.
3. Falsified documents, i.e. forged signatures, may result in an additional \$50 judicial sanction fee.

### RESIDENT INFORMATION

Full Name: \_\_\_\_\_

Building: \_\_\_\_\_ Apartment/Room/Suite #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### GUEST INFORMATION (one form per guest)

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to Resident:  Sibling  Parent  Other Relative  Friend  Friend of a Friend

Cell Phone: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

### ROOMMATE APPROVAL

Please have roommate(s), including all in your apartment or suite, sign below showing that they are aware you will have guest(s) and approve of the guest.

	Signature	Date	Room
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

### OFFICE USE ONLY

Payment Received:      Y      N      Approved by: \_\_\_\_\_

Date In: \_\_\_\_\_ Time: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Resident init: \_\_\_\_\_

Date Out: \_\_\_\_\_ Time: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Resident init: \_\_\_\_\_