Student Housing Guest Authorization

RESIDENT INFORMATION

Date ____________________

Last, First, M.I. ___________________________________________________________

Building ___________________________ Apartment Number _________________

Phone number (day) ___________________________ Phone number (eve) _________________

Email address ___________________________________________________________

I, ________________________________________, am notifying Regent Student Housing that I am having a guest stay for more than 3 days. I understand that this is a temporary situation and I will immediately notify the Regent Student Housing Office if there is a change in the length of my guest’s stay.

GUEST INFORMATION

Last, First, M.I. ___________________________________________________________

Phone number (day) ___________________________ Phone number (eve) _________________

Relationship to Resident ___________________________________________________

Dates of visit ___________________________ to ___________________________

VEHICLE INFORMATION

Year_________________ Make __________________ Model __________________

*PLEASE BE SURE TO OBTAIN A TEMPORARY PARKING PASS FOR YOUR GUEST. TEMPORARY PARKING PASSES ARE ONLY VALID FOR 3 DAYS.

Regent Student Housing Professional Staff ___________________________ Date ___________________________