Permission For Overnight Guest To Stay In My Apartment/Dorm Room



I request permission for _	, my		
	(name of person who will be staying)	(their relationship to you, i.e. sister, brother, friend, etc)	
to stay overnight in my ap	partment/dorm room (Your Housing As	on the following nights(s): signment)	
Arrival Date	Departure Date	# of Nights	
Is your guest a student cu	irrently taking classes at SEBTS? (Cii	cle One) YES NO	

• Please note that overnight guests must be of the same sex as the apartment/dorm room occupants.

- If approved, there is typically not a charge for an occasional non-student overnight guest. However, occupants who have frequent guests or guests staying several nights may be charged \$ 25.00/night.
- The applying occupant is responsible for making sure their guest abides by the rules and regulations of housing.
- All roommates must sign this form approving of the request.

Roommate(s) Authorization

I do not mind if the guest listed above stays in our apartment/dorm room on the dates indicated above:

Name(s) of All Roommates In Apartment/Dorm Room

Signature of Roommates

I agree to the policies outlined above,

Occupant Name	Occupant Signature	Occupant SID#
	Office Use Only	
Approved:	Charge to student account (if applicable):	_
Denied:	Director of Housing:	Date: