

Middle Georgia State University

Residence Life Visitor Check-In Form

(Form must be completed, signed, and **submitted a minimum of 24 hours** prior to the first night requested.)

I, _____ am requesting to spend the night in _____.

I agree that as a visitor in the community. I will abide by the same rules and regulations that the students required to follow as described in the Student Handbook and the Residence Life Handbook. I also understand that Middle Georgia State University will not be held responsible for any incidents that may occur during my stay. I further agree that the status or condition of my personal belongings is my own responsibility and not that of the college students, faculty, staff, or Residence Life employees.

It has been made clear to me that I cannot stay overnight more than 2 consecutive nights and no more than 4 nights in a month. I also understand that I must spend the night in the suite of the designated student resident; staying in the apartment common area is not permitted. Failure to abide by these regulations may result in my being banned from being a guest and the resident being removed from Residence Life community.

I am requesting to spend the following nights:

Building: _____ Apartment: _____ Suite: _____

Month: _____ Day 1: _____ Day 2: _____

All residents of the apartment must approve of the guest staying overnight by signing below, prior to approval being granted.

Resident Signature: _____ Date: _____

Apartment Mate Signature: _____ Date: _____

Apartment Mate Signature: _____ Date: _____

Apartment Mate Signature: _____ Date: _____

Apartment Mate Signature: _____ Date: _____

Residence Life Staff Approval

Resident Assistant: _____ Date: _____

Residence Life Coordinator: _____ Date: _____