



Central Office copy

OVERNIGHT GUEST REGISTRATION FORM

Name of Student: _____

Room/Apartment: _____

Name of Guest: _____

Dates/Time Visiting:

DATE IN: _____

TIME IN: _____

DATE OUT: _____

TIME OUT: _____

Approved by: _____ Resident Assistant
Dean of Student

Form must be completed and turned in to Central Office prior to guest staying in room overnight.

Do not write below this line. For official use only

Date/Time Received: _____ Guard on duty: _____

Received by: _____ Amount Paid/date: _____



Guard's copy



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