

SAIC RESIDENCE LIFE

OVERNIGHT GUEST EXTENDED STAY REQUEST FORM

*This form must be completed and returned to the Residence Hall Director **at least 48 hours** before your guest arrives. This form must be signed by the roommate(s) if applicable. Any form not filled out completely and legibly will not be processed. Completing this form does not guarantee an exception to the 5 night overnight guest rule.*

Name: _____ ID: _____ Date: _____
 Room: _____ Phone: _____ Email: _____

Guest(s) Information	
Guest Name(s) & Address: _____ _____ _____	Guest(s) phone number: _____ _____ _____
Date's of visit: _____ through _____ starting date ending date	
To Be Completed by Roommate(s) <i>(if double or triple, roommate(s) MUST complete)</i>	
1st Roommate _____	2nd Roommate _____
Phone # _____	Phone # _____
email _____	email _____
signature _____	signature _____

For Residence Hall Director Use Only

Dates Approved: _____ through _____
 starting date ending date

Total nights allowed next month _____ security clearance sent

RHD signature

Date