



Overnight Guest Request Form

Office of Housing and Residential Life • Division of Student Affairs
83 Windham Street • Willimantic, Connecticut 06226-2211 • (860)465-5297

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Resident students wishing to sign in a guest(s) under the age of 18, and not accompanied by a parent or legal guardian, may do so only with the prior consent of the parent or legal guardian, and, subject to the approval the director of housing or designee. Overnight guests must be at least 16 years of age. Upon approval, a guest pass must be presented to the residence hall staff at the time of his or her visit. **Guest must also bring a license, passport, or government issued ID.** (Other forms of identification not accepted.) The guest must be escorted by the host at all times.

Name of Guest: _____ **D.O.B** ____/____/____

License # of Guest: _____

Please indicate any health conditions or allergies that staff should be aware of in case of emergency:

Student Host Name: _____ **Student Host ID#:** _____

Host's Phone: (____) _____ - _____ **Host's Hall & Room** _____

Eastern Staff Contact Name: _____ **Staff Contact Phone:** _____

Eastern Affiliated Group (i.e. Honor's Program, Basketball, etc...): _____

REQUESTED DATES OF VISIT:

The following specific dates (no more than two in succession): _____

I certify that I am the parent or legal guardian of the named individual listed above who is under 18 years of age, and at least 16 years of age, and that I give my consent for this individual to visit residence halls, under the supervision of the above student host during date(s) listed above.

I understand Eastern Connecticut State University expects that all guests will abide by college policies as well as all local, state and federal laws. I have reviewed behavioral expectations with my child. Further, I understand that Eastern Connecticut State University assumes no supervisory responsibilities for my child during the visitation period. Residence hall policy allows for short term visits, not to exceed two nights, with family, contingent upon approval of the host's roommate(s). Visitation privileges may be revoked at anytime without notice. I, as the Parent/Guardian, agree to be available to pick up my child upon request of the University or host student and to leave reliable contact information with the host student at which I may be reached in case of emergency.

Name of Parent/Legal Guardian: _____

Signature of Parent/ Legal Guardian: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone # where you can be reached in case of emergency: _____