

# GUEST REQUEST FORM

ResidenceLife

MarymountManhattan  
NEW YORK CITY

## Student Information: (please print clearly)

Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Guest's Date of Arrival: m t w th f sa su (write date): \_\_\_\_\_

Date of Departure: m t w th f sa su (write date): \_\_\_\_\_

Total number of nights the guest will stay (circle one): 1 / 2 / 3 Is the guest an MMC student? (circle one) Yes / No

### Guest Information: All overnight guests must provide a valid photo ID to be left at security.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relation to Resident: \_\_\_\_\_

### Guest's Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Relation to Guest: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

### Roommate Waiver - Be advised that all roommates must sign this form.

**Also note that there may be only 3 overnight guests per apartment per night, no more than 1 per resident!**

We, the undersigned and occupants of room \_\_\_\_\_, hereby agree that our suitemate \_\_\_\_\_ has our permission to have an overnight guest for the time period indicated above.

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We, the undersigned and occupants of room \_\_\_\_\_, hereby agree that our suitemate \_\_\_\_\_ has our permission to have an overnight guest for the time period indicated above.

### GUEST POLICY

- Incomplete or forged forms will result in a suspension of guest privileges for a minimum of one month.
- No one under the age of 18 is permitted as an overnight guest unless submitting a Sibling Guest Request Form at least seven days in advance to the Office of Residence Life for a sibling that is 16 or 17 years old. Misrepresenting a guest's age or relationship on the guest request form will result in loss of guest privileges for the remainder of the year.
- Guest must have a valid ID (with date of birth listed) and be fully vaccinated for COVID or show a negative COVID test taken within 24 hours.
- Residents may have a single overnight guest for no more than 6 nights per calendar month, whether the same guest or different guests each night.
- A resident may have an overnight guest for no more than 3 consecutive nights, even if the calendar month changes during the stay.
- Residents must keep track of the number of nights they have remaining. Guests forms submitted and processed through the security submission box which exceed the number of allotted nights per month will result in suspension of guest privileges for a minimum of one month.
- No apartment may have more than three overnight guests on any given night.
- Guests involved in policy violations will be asked to leave the premises immediately and will be denied overnight visitation.

#### For Office Use Only

Number of nights: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ RA Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

All Guest Request Forms must be submitted to the security submission box or handed directly to the RA on office duty no later than 8:30 pm on the night of the guest's arrival. The RA on office duty is available between 8:30 pm and 12:00 am each night in the RA Office. Security submission box is available at security when RA office is not open.

If your guest request form is denied, you will receive a text and email from the RA on duty to notify you.

**Resident's are fully responsible for their guests. The full guest policy is located in the Resident's Guide to Community Living.**

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