

Overnight Guest Policy

To provide student residents with guidance in maintaining a balance between personal freedom and responsibility to others, the University of Mary also has established the following policy regarding overnight guests.

- 1.) Out of respect for the privacy of roommates, suitemates, and other residents of the hall, students may only have overnight guests of the same sex. This policy applies to your friends, as well as to your family members and relatives. Students who have guests of the opposite sex are encouraged to make arrangements with on-campus friends of guest's sex to serve as hosts.
- 2.) Students who would like to host an overnight guest must have the prior approval of all roommates and suitemates and they must register their guest with the residence director. To register a guest, the host must complete a Guest Registration Form by contacting the residence life staff between the hours of 7:30 p.m. to 11:30 p.m., Monday through Sunday or in the Student Development Office between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday. The Guest Registration form requires the following information: University of Mary host student's name, residence hall number and phone number, student identification number, roommate(s) approval, guest's name, guest's home address, guest's birthday, dates of visitation, arrival time and departure time, and emergency contact information. The guest will receive a copy of the form and is expected to keep it in his/her possession for the duration of the visit and must present it when requested by the university official and security personnel.
- 3.) Roommates and suitemates should not be compelled to give up their room to accommodate overnight guests nor should a guest be invited to stay when a roommate is absent unless the roommate has consented in advance. Roommates and suitemates have the right to say no to the presence of overnight guests in the residence.
- 4.) Students who host an overnight guest are limited to:
 - a. Hosting no more than two guests per night and for no more than two nights in a row.
 - b. No more than 5 overnight guests per semester.
- 5.) Guests under the age of 18 are allowed only with a signed Parental Consent Form. Requests for approval must be provided to the residence director one full business day prior to the requested date of stay.
- 6.) The form will need to be turned into your Residence Life Staff.

****All information on the overnight guest policy can be found in the Residence Life Handbook under the section Overnight Guests.***



Guest Registration Form

1. University of Mary student's name: _____
2. Residence Hall room and phone number: _____
3. Student ID number: _____
4. Roommate(s) signature of approval: _____
 - a. _____
 - b. _____
 - c. _____
 - d. _____
5. Guest's name: _____
6. Guest's home address: _____
7. Guest's Birthday: _____
8. Date and time of guest's arrival: _____
9. Date and time of guest's departure: _____
10. Emergency contact information for guest: _____
 - a. Relation to Guest: _____

Approval from Residence Director/Residence Life Scholar: _____

Date: _____



PARENTAL CONSENT FORM GIVING PERMISSION FOR AN UNDERAGE INDIVIDUAL TO VISIT UNIVERSITY OF MARY

I, _____, give my son/daughter (_____, _____)
(parent/guardian) (name) (age)

permission to reside in the residence halls of University of Mary as a guest of a University of Mary

student _____ of _____ on
(student name) (residence hall)

_____ through _____.
(beginning date) (end date)

I agree to indemnify, defend and hold University of Mary, its employees and agents, harmless from all the costs, losses, expenses, damages, claims, suits, or any liability whatsoever, including attorney's fees, resulting from injury, including death, to a person or damage to property arising out of or, in any manner connected with, my son/daughter being supervised by the above named student in the residence halls of University of Mary.

Name of parent/guardian:

Phone Number(s) where the parent/guardian may be reached in an emergency.

PRIMARY: (_ _) _ _ - _ _ _ **SECONDARY:** (_ _) _ _ - _ _ _

HOME ADDRESS:

Signature of parent/guardian:

Date: _ / _ / _ _

Office Use Only:

() Parent Consent
() Guest Information

Date: _____