As a member of the University Villages Community, I understand that guests and visitors staying longer than three (3) days must be reported to the University Villages Office. Tenants are responsible for their guests and their compliance with all of the University Villages policies and University policies under the Student Conduct Code.

Dates of Guest Stay
________________________________________________________________________________

Name of Apartment Tenant __________________________ Apartment Number __________________________

Cell Phone Number of Apartment Tenant __________________________________________________________

Name of Apartment Guest __________________________________________________________________________

Cell Phone Number of Apartment Guest _____________________________________________________________

The University Villages Office will not issue a key to the apartment where the guest is staying. The guest must be with the apartment tenant at all times to gain entry into the apartment.

I acknowledge and accept the following terms of hosting a guest longer than three (3) days in my apartment (please initial all):

_____ I am fully responsible for the behavior of my apartment guest in and around the apartments (This means I am responsible financially and judicially if there are concerns/violations/damaged caused by my apartment guest; I understand that I and/or my apartment guest could be asked to leave the community if behavior is repetitive or severe)

_____ I am responsible for conveying all policies and expectations in the apartment community with my guest

Signature of Apartment Tenant ___________________________ Date __________________________

If the tenant hosting a guest within their apartment has roommate(s), all roommate(s) must be in agreement that this specific person may be a guest within the apartment.

Signature of Roommate ___________________________ Date __________________________

Signature of Roommate ___________________________ Date __________________________

Office Use Only:

Date Received: __________________________

Office Member Signature: __________________________

Approve or Denied: __________________________

Notes: