FAIRLEIGH DICKINSON UNIVERSITY
Housing & Residence Life

OVERNIGHT GUEST REQUEST

due at least 24 hours prior to the guest's arrival

Please print clearly and fill out all information accurately. You must obtain all signatures and FDU ID numbers from your roommate(s) and suitemates to have your request considered. Incomplete requests will not be processed. **Overnight Guest Requests must be submitted to the Department of Public Safety prior to your guest's arrival.**

- **A resident may have no more than one (1) overnight guest at one time.**
- An overnight guest pass will be issued for no more than 3 consecutive nights and no more than 10 cumulative nights, per semester, per guest.
- Overnight guests are not permitted in the residence halls during Fall Break, Thanksgiving Break, Winter Break, and Spring Break.
- Overnight guests are not permitted in the residence halls during early arrival periods.
- Residents are not to give their ID access card to guests for them to gain entrance to the room or the building.
- The host is responsible for the actions of their guest at all times. The host will be held accountable for any violation that their guest may commit.
- A host must accompany their guest at all times.
- **Individuals 14 years old and under are not allowed to stay overnight in university residence halls.**
- A Parent/Guardian Consent Form must also be submitted, at least five (5) business days in advance to Housing & Residence Life, for any person that is 15-17 years of age, that would like to stay overnight in the residence halls. If approved, guest may stay no more than two (2) consecutive nights at a time, with a total maximum of five (5) cumulative days total during the semester.
- The privilege of hosting guests can be revoked, at any time, at the discretion of the University Director of Housing & Residence Life or the Director of Public Safety.
- Host must bring their guest to Public Safety on the date of arrival with a valid photo ID (driver's license, state ID, or passport).

Host Information:

Name: _____ FDU ID: _____

Building & Room Number: _____ Cell Phone: _____

Guest Information:

Name: _____ Date of Birth: _____

Home Address (Street, State, Zip): _____

Cell Phone: _____ Home Phone: _____

Date of Arrival: _____ **Date of Departure**: _____

Roommate(s) Names: (please print)	**Signature of Roommate(s)**	**FDU ID Number**
1. _____	_____	_____
2. _____	_____	_____

Residents with suitemates must also obtain the signatures of each resident of the room.

Suitemates (please print)	**Signature of Suitemates**	**FDU ID Number**
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Roommates & Suitemates: Your signature above indicates that you are aware and consent to your roommate and/or suitemate, listed as the "host" on this form, having the aforementioned individual listed as "guest" as an overnight guest in your room and/or suite.

_____ Date: _____
Signature of Host (FDU Resident)

_____ Date: _____
Signature of Guest

For administrative use only:

Request Decision: ❒ Approved ❒ Denied

Date: _____ Staff Person: _____

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