UAS — Guest Registration Form

University of Alaska SOUTHEAST
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Host Name (Resident):_____   **Today's Date:**_____

Student ID #_____   **Unit:**_____   **Phone:**_____

Guest 1 Name_____   **Birthdate:**_____/_____/_____   **Sex: M / F**

Date of guest's overnight visit: _____ — _____   **Guest Phone:**_____

Relationship to host:_____

Home Address:_____   **Email:**_____

_____

————————————————————————————————-Optional————————————————————————————————————

Visitor parking permit #_____   **Make/Model:**_____

Plate #:_____   **Color:**_____   **(Office: Attach copy of permit)**

Host Commitment:

I understand that as a host, I am completely responsible for the conduct of my guest while they are staying with me on the UAS campus. He/she is expected to abide by all Residence Life policies outlined in the handbook, as well as any state, federal, or local laws. I will be held responsible for any infractions, damage or theft. I am aware that I must secure signatures of my living-mates for any guest staying more than 2 Nights. I also understand that a guest may not spend more than 10 nights per semester at UAS housing, regardless of the guest's host. I understand that my guest is to sleep in my bedroom, <u>not</u> in any common areas—including the living room, dining room, etc. in order to ensure the usability of those areas by my living mates. **I understand that the right of my living mates will be protected at all times, as well as the rights and standards of the UAS housing community and that this registration may be canceled at any time by a professional Residence Life staff member.**

_____   _____

Host's Signature   Date

Roommate Consent (Required for stays of greater than 2 Nights)

We, the undersigned, approve the guest above for the duration of the time indicated on this form. We understand that our roommate will be responsible for the behavior of his/her guest and that if at any time we wish to terminate this agreement, we can notify an administrator and our rights will be upheld.

_____   _____

Roommate Signature   Date

_____   _____

Roommate Signature   Date

_____   _____

Roommate Signature   Date

Office Use:

Received By:_____   **Date:**_____

Approved By:_____   **Date:**_____

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