

Office of Residential Life and Learning Overnight Guest Registration Form

Please complete this form and submit it to your Resident Assistant or the Assistant Director of Community and Judicial Affairs (if you reside in an un-staffed hall) at least 3 business days before the arrival of your guest(s).

Host Information *(To be filled out by a Tufts University resident student only)*

Host Name: _____

Building and Room #: _____

Cell Phone #: _____ **Email Address:** _____

Roommate Approval (if applicable): Yes _____ No _____

(Please note that if you have not spoken to your roommate about your guests(s) you may forfeit your guest privileges for this particular timeframe.)

Guest #1 Information:

Guest Name: _____ **Age:** _____

Local Address: _____ **Cell Phone #:** _____

College/University (if applicable): _____

Parent/Guardian Name (if guest is under 18) and Contact Information:

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

Will your guest be parking on campus? Yes _____ No _____

If yes, your guest should obtain a visitor parking pass from TUPD (located on the first floor of Dowling Hall).

Guest #2 Information:

Guest Name: _____ **Age:** _____

Local Address: _____ **Cell Phone #:** _____

College/University (if applicable): _____

Parent/Guardian Name (if guest is under 18) and Contact Information:

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

Will your guest be parking on campus? Yes _____ No _____

If yes, your guest should obtain a visitor parking pass from TUPD (located on the first floor of Dowling Hall).

