

Heidelberg University: Overnight Guest Registration

Host Name: _____

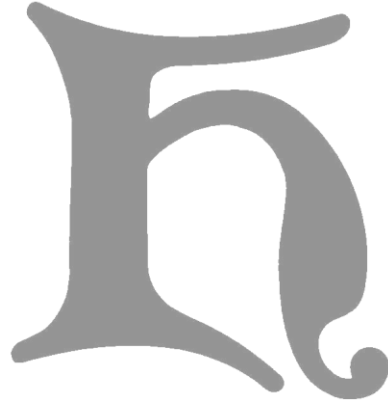
Building and Room Number: _____

Guest Name: _____

Emergency Contact Information

Name: _____

Phone Number: _____



Visiting Dates:

From: _____ At AM PM

To: _____ At AM PM

Notice to Host Student:

I acknowledge that I assume full responsibility for the actions and behaviors of my guest(s) while they are on campus. I will further ensure that they are made aware of the policies and expectations of them as guests at Heidelberg College.

Host Signature: _____

Notice to Roommate:

I am aware that and am in support of the above named individual will be a guest in my room during the time period noted above.

Roommate Signature: _____

Notice to Guest:

Please carry with you a photo ID at all times. Also carry with you a copy of this registration form. It too will serve as identification for you while you are an overnight guest.

Guest Signature: _____

-----Staff Use-----

RA Signature: _____ Date: _____