



Residence Hall Guest Registration

STUDENT'S INFORMATION

NAME: _____	STUDENT ID: _____
EMAIL: _____	ROOM #: _____
HALL: <input type="checkbox"/> Irwin <input type="checkbox"/> Thompson <input type="checkbox"/> Currie <input type="checkbox"/> Morgan <input type="checkbox"/> Measell	

GUEST'S INFORMATION

GUEST'S NAME: _____	GUEST'S AGE: _____
GUEST'S ADDRESS: _____	PHONE #: _____
CITY: _____	STATE: _____
VEHICLE MAKE: _____	MODEL: _____
LICENSE PLATE #: _____	
DATES OF GUEST'S STAY: _____	

REMINDERS:

- Residents may only host overnight guests of the same gender who are **over the age of 18** with roommate consent.
- The Simpson student is responsible for the actions of the guest at all times.
- A guest may **ONLY** stay for three consecutive nights, and six nights in total per semester.
- ID cards and door keys should **NOT** be given to guests at any time.

STUDENT SIGNATURE

ROOMMATE(S) SIGNATURE (Needed for approval)

Please email this completed for to the Assistant Dean of your living area:

Irwin/Thompson: Jordan Carr (jcarr@simpsonu.edu)

Currie/Morgan: Brian Howell (bhowell@simpsonu.edu)

Measell: Kirstin Crawford (kcrawford@simpsonu.edu)

OFFICIAL USE ONLY

Assistant Dean
Approval (Initial)

____ YES ____ NO