



RETURN TO:
OFFICE OF STUDENT AFFAIRS
(904) 819-6238, Office Hours: Mon-Fri, 8:00 am to 5:00 pm

Overnight Guest Request Form

2 NIGHT MAXIMUM

per 7-day period anywhere on campus + only 1 guest per room

Payment: 3 days (weekday) prior to guest arrival = \$ 10.00 per night Mattress Delivery Available if Needed

Payment: 2 or 1 day (weekday) prior to guest arrival = \$10.00 per night NO Mattress Delivery Available

Unauthorized or Unapproved guest = \$ 50.00 per night per guest

NO GUESTS ALLOWED: first and last week of semester, finals week, Thanksgiving or Spring Break.

The student is responsible for the actions of his/her guest while on Flagler campus. If guest is opposite gender, the student is responsible for obtaining roommate's permission, prior to guest staying over.

Today's Date: _____

Student Name: _____ **Student ID#:** _____

Residence Hall: _____ **Room Number:** _____

Resident Advisor: _____

Guest Name: _____ **GUEST AGE:**
Family = 13 +
Non-Family = 17 + _____

Arrival Date: _____ **Guest Gender:** Male Female

Depart Date: _____ **# of Nights:**
(2 night maximum)

Mattress Needed? YES NO **(CIRCLE ONE)** **Payment Amount:** _____
only if give 3 weekday notice

OFFICE USE ONLY

Approved by Student Services: _____ **NO CASH ACCEPTED** CashNet Payment : _____ Date: _____

Maintenance Request # _____