

**Middle Georgia State University**  
**The Office of Housing & Residence Life**  
**Visitor Check-In Form**

(Form must be completed, signed, and **submitted a minimum of 24 hours** prior to the first night requested.)

I, \_\_\_\_\_ am requesting to spend the night in \_\_\_\_\_.

I agree that as a visitor in the community. I will abide by the same rules and regulations that the students required to follow as described in the Student Handbook and the Housing & Residence Life Handbook. I also understand that Middle Georgia State University will not be held responsible for any incidents that may occur during my stay. I further agree that the status or condition of my personal belongings is my own responsibility and not that of the college students, faculty, staff, or Residence Life employees.

**It has been made clear to me that I cannot stay overnight more than 2 consecutive nights and no more than 4 nights in a month.** I also understand that I must spend the night in the suite of the designated student resident; staying in the apartment common area is not permitted. Failure to abide by these regulations may result in my being banned from being a guest and the resident being removed from Residence Life community.

I am requesting to spend the following nights:

Building: \_\_\_\_\_ Apartment: \_\_\_\_\_ Suite: \_\_\_\_\_

Month: \_\_\_\_\_ Day 1: \_\_\_\_\_ Day 2: \_\_\_\_\_

All residents of the apartment must approve of the guest staying overnight by signing below, prior to approval being granted.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Apartment Mate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing & Residence Life Staff Approval

Resident Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Life Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_