



RETURN COMPLETED FOR TO:

The Office of Residence Life
ATTN: Amber Hurt
Room 126 Wellness and Campus
Living Center
reslife@hofstra.edu
For questions, (516) 463 – 6935

Overnight Guest, Roommate Acknowledgement

Form Due: Friday 2/14/20

Event Date: Saturday 2/29/20

ALL resident student hosts participating in Hofstra University's Siblings Day on Saturday, February 29, 2020 must submit their roommate/suitemate(s) signed permission to have their sibling stay overnight in their room/suite to the Office of Residence Life **prior to Friday, February 14, 2020.**

Hofstra Student Host Name: _____

Hofstra ID #: _____

Residence Hall, Room #: _____

Cell Phone #: _____

Sibling Name #1, Age, Gender: _____

Sibling Name #2, Age, Gender: _____

Emergency Contact Name for Sibling and Cell Phone #: _____

ROOMMATES & SUITEMATES: *By signing this form, I agree to have my roommate/suitemate's sibling(s) stay overnight in my room/suite*

Roommate Name, ID number: _____ Signature: _____

Suitemate Name (if applicable), ID number: _____ Signature: _____

Suitemate Name (if applicable), ID number: _____ Signature: _____

Suitemate Name (if applicable), ID number: _____ Signature: _____

STUDENT HOST: *By signing this form, I am verifying that I have spoken to my roommate/suitemates and they have approved my overnight sibling(s). Furthermore, I understand that any violations of the Student Code of Conduct by my sibling(s) may result in the revocation of overnight guest privileges or other disciplinary action.*

Student Host Signature: _____ Date: _____