



Richmond
The American
University
in London



OVERNIGHT GUEST REQUEST FORM

Please read the instructions overleaf carefully and complete the form as indicated.

HOST STUDENT

Host Student's Name: ID No:

Residence: Room No:

Mobile Phone Number.....

Host Student Signature: Date/...../.....

ROOMMATE(S)

I/We have read the regulations and support the request for an overnight guest.

1..... 2..... 3.....
(signature) (signature) (signature)

RESIDENCE LIFE OFFICE

Request Granted By: Date:/...../.....

Comments/Conditions:

GUEST

Name of Guest:

Guest's Address:

Arriving on: Date:/...../..... Departing on: Date:...../...../.....

Number of Consecutive Nights _____ (3 maximum)

Guest's Signature: Date:/...../.....

ID CARD NO. _____ Date issued/...../..... Sign

Date returned/...../..... Staff Initials..... Sign

Before Signing this form please read the back of it. Signing this form means that you are agreeing to the terms and conditions as set out in the student hand book.