Housing Services
California State University, Los Angeles
5300 Paseo Rancho Castilla
Los Angeles, CA 90032
(323) 343-4800
www.**calstatela.edu/univ/housing**
askhousing@cslanet.calstatela.edu

DATE STAMP

GUEST AND VISITOR REGISTRATION REQUEST

Updated 5/8/2012

Licensees shall secure approval from the Housing Services Office before permitting any guests to make overnight use of any Housing facility such as, but not limited to, sleeping or shower facilities, or other facilities generally made available only to licensees (Article 5, Section 42005 of Title 5, California Code of Regulations). Failure by Licensee to secure approval for overnight guests shall be grounds for disciplinary action (Article 5, Section 42013 of Title 5, California Code of Regulations) including being charged the daily rate (currently $26.50) for each day that a non-approved guest resides in Licensee's apartment. A Licensee may have no more than 2 approved guests and each guest must be of the same gender as the Licensee. Each guest must abide by all Housing Services and University policies. The length of stay for any guest cannot exceed 3 consecutive nights; and a Licensee may not have guests for more than 6 days in a calendar month.

This form must be submitted one–week (7 calendar days) prior to the 1st day of the guest visit; or one-week prior to the 1st day of University closure if visit is to occur when the campus is to be closed for more than one day.

Please complete the following:

Name:_____ Gender: ☐ Male ☐ Female
Last, First

Mailbox #:_____ CIN:_____ Apt. #:_____

E-mail:_____ Phone #:_____

Bedroom Occupancy : ___ Double (I have 1 roommate) ___ Triple (I have 2 roommates) ___ Single (I have been approved to live by myself)

Guest Name:_____ Gender: ☐ Male ☐ Female Date(s) of stay:_____
Last, First

Guest Name:_____ Gender: ☐ Male ☐ Female Date(s) of stay:_____
Last, First

Honor Statement:
By submitting this form I acknowledge and understand the following:

A. That I have informed ALL of my roommates that I will be hosting the guest(s) named above on the dates indicated, and I have received approval from ALL of my roommates to allow the guest(s) to reside in our apartment during this period.
B. That my student account will be assessed $26.50 per person for each night that the registered guest(s) exceeds the approved length of stay.

_____ _____
Signature **Date**

FOR OFFICE USE ONLY

Residence Life Staff Initials/Date: _____ Approved_____ Denied_____

cc: _____ Resident (via mailbox) _____ Resident's Housing File _____ Resident's Apartment File _____ RA On Duty

Amount To Be Charged (for non-approved or exceeding length of approved stay):_____