

New Paltz STATE UNIVERSITY OF NEW YORK Underage Guest Consent Form THE DEPARTMENT OF RESIDENCE LIFE, 1000 Hawk Drive, New Paltz, NY, 12561-2455 VOICE: (845) 257-4444 FAX: (845)257-4532 www.newpaltz.edu

SUNY New Paltz's overnight guest policy for those under the age of 18 (minimum age: 16) requires written parental consent. The following information must be filled out by the guest's parent/guardian and submitted by the host to their Complex Director, prior to 4 PM on the date of arrival. If the guest is arriving on Saturday or Sunday, this form must be submitted before 4 PM on the Friday prior to arrival. The guest is also required to provide their own photo identification and complete an Overnight Guest Pass.

Name of Guest:	Home Address:
Phone Number:	
Date of Birth:	
Name of Host:	
Phone Number:	SUNY New Paltz Residence (Building and Room):
Home Contact	
Name of Parent/Guardian: Telephone Number:	
Date of Guest's Arrival:	Date of Guest's Departure:
Housing Handbook. I hereby agree to abide residence areas and the University. I also ur	nd SUNY New Paltz's guest policy as outlined in the Residence Life by these policies as well as all other rules and regulations of the inderstand the University reserves the right to cancel the privileges host's behavior, or circumstances on campus warrant such action.
Signature of Guest	Date
	NY New Paltz's guest policy as outlined in the Residence Life Housing of (name of guest) when they are a guest of SUNY New Paltz.
Signature of Parent/Guardian	Date
For Office Use Only: RD Received:	Date Received:
RA/Night Host Received:	Guest Pass Received: L.