

**Macon State College**  
**Residence Life Visitor Check-In Form**

(Form must be completed, signed, and submitted a minimum of 48 hours prior to the first night requested.)

I, \_\_\_\_\_ am requesting to spend the night in the Residence Life Community. I agree that as a visitor in the community, I will abide by the same rules and regulations that the students are required to follow as described in the Student Handbook and the Residence Life Handbook. I also understand that Macon State College 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 also 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 the Residence Life community.

I am requesting to spend the following nights:

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

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

Day 3: \_\_\_\_\_ Day 4: \_\_\_\_\_

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

Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

Residence Life Staff Approval

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

Director of Residence Life: \_\_\_\_\_ Date: \_\_\_\_\_