



Request & Charge for Overnight Guest Form

I, _____ request _____ to be allowed to stay as an overnight guest from (date) _____ to (date) _____ in the TC Residence Hall, Room # _____. I understand that I will be charged \$25 per night for _____ nights. I also understand that I am responsible for this guest the entire length of their stay and will be held responsible for any violations or damages that may occur.

Resident Signature: _____

Date: _____

☐ **APPROVED**

☐ **DENIED**

If denied, reason why: _____

DES Signature: _____

Date: _____

INSTRUCTIONS FOR RESIDENT

- This form **MUST** be submitted to the Dean of Workforce & Continuing Education for consideration 48 hours prior to the guest staying.
- Take this form to the TC Business Office to pay all charges.
- Bring a copy of this form and the receipt to the Dean of Workforce & Continuing Education's office.

----- Office Use Only -----

Date Received: _____

Receipt #: _____

Received by: _____