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Guest and Visitor Registration Request

Updated 4/14/2017

Licensees shall secure approval from the Housing and Residence Life one week prior to 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* for each day that a non-approved guest resides in Licensee's apartment. A Licensee may have no more than two approved guests and each guest must abide by all Housing and Residence Life and University policies. The length of stay for any guest cannot exceed three consecutive nights; and a Licensee may not have guests for more than six days in a calendar month.

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

Please complete the following:

Name: _____ CIN: _____ Apt. #: _____ Gender: ___ Male ___ Female
Last First

Cal State LA Email: _____ 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. 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, via their signature, to allow the guest(s) to reside in our apartment during this period.
- B. My student account will be assessed the daily rate* per person for each night that the registered guest(s) exceeds the approved length of stay.

* Check with the Office of Housing and Residence Life for the daily rate.

_____ Signature Date

Roommate Signatures—Required

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

FOR OFFICE USE ONLY

Residence Life Staff Initials/Date: _____ Approved _____ Denied _____