## WENATCHEE VALLEY COLLEGE OVERNIGHT GUEST APPROVAL REQUEST

## Approval requests <u>must be submitted a</u>

minimum of 2 days prior to the date of the requested guest stay.

(Limited exceptions may be granted, but approval from the RLM is required.)

All guests must:			
	d provide prod	of vaccination to Residence Life	staff.
Exemptions are	e not accepted	for guests.	
As soon as your	overnight gue	est arrives for check in, notify staff	by calling the
on-call number	<b>.</b>		•
2. Sign in – <u>ALL fields of</u>	the Guest Chee	<u>ck-in sheet</u>	
3. Complete the COVID-19 Symptoms form <u>immediately</u> upon entrance into the			
building.			
The symptom f	<mark>orm must be tı</mark>	<u>urned it in to the office, room 101</u>	<u>or given to a</u>
<u>student staff.</u>			
4. Remain with the host	ing resident at	all times (except when using the bath	oom/shower)
Resident Name:		Room #:	
(Fir:	st & Last Name requi	redj	
Name of Guest:	t & Last Name requir		
(Firs	t & Last Name requir	red)	
Date of Check In:	Date o	of Check Out:	
Roommate Signature:		Date:	
Decident: I have read and und	lorstand the Cu	uset Doligy and will abide by it	
<b>Resident:</b> I have read and understand the		$\frac{1}{1}$	(Resident Initials)
All Pod-mate signature	es are required	<u>l if an overnight guest is of the o</u>	nnosite sex
ini i ou mute signuture	<u>, , , , , , , , , , , , , , , , , , , </u>		
Pod-mate Signature:	Date:	Pod-mate Signature:	Date:
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Pod-mate Signature:	Date:	Pod-mate Signature:	Date:
Approval of the Residence Lif	f <mark>e Manager is</mark> i	required PRIOR to the stay of the	e overnight gues
Res Life Manager Signature:	Date:	_	

Requests must be received by the Residence Life Manger <u>during business hours</u>. Monday through Friday, 8am to 5pm (excluding holidays).