



Early Arrival Request Form

Clarendon College
P.O. Box 968 Clarendon, TX 79226
Telephone (806) 874-3571 Fax (806) 874-5080

<i>Student Information</i>	Student ID # _____ Academic Year: _____ Circle One: Fall Spring		
	Student Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Middle Name </div>		
	Permanent Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip Code </div>		
Home Phone Number: _____ Cell Phone Number: _____			
<i>We will communicate important information to you exclusively via e-mail. It is your responsibility to check your e-mail.</i>			
<i>Early Arrival Request Information:</i>	Reason for Request (attach an additional sheet if necessary): 		
	Request Arrival Date: _____ Time: _____		
	If your request for Early Arrival is due to an on-campus employment requirement, you must complete the following information.		
	<i>Department/Group requiring your Early Arrival</i>	<i>Supervisor or Staff/Faculty Contact Name</i>	<i>Campus Phone #</i>
	** READ THE FOLLOWING INFORMATION CAREFULLY ** <i>Signing and submitting this form signifies that you have read and understand and agree with all information on this form.</i> <i>* I am aware that the deadline for submission of this request to the Dean of Students is 14 days prior to anticipated Early Arrival.</i> <i>* I understand that Early Arrival housing is a privilege offered as a convenience to students.</i> <i>* I am aware that during the Early Arrival period I am responsible for the terms and conditions outlined in my signed Residence Housing Contract.</i> <i>* I further understand that I will be expected to abide by all housing regulations and policies and I am aware that violations of such may result in disciplinary action.</i> <i>* I understand that during the Early Arrival period, overnight guests are not permitted.</i> <i>* I understand that I will be charged at a rate of \$25.00 per day.</i> <i>* I am aware that once I submit this form, my request is final. The charges for Early Arrival will be immediately applied to my student account. I am further aware that all Early Arrival charges are NON-REFUNDABLE, regardless of whether or not I actually check-in prior to the regularly scheduled opening day for the residence housing. I should not submit this form unless I am sure it is absolutely necessary that I check-in early.</i> <i>* I understand that check-in hours are Monday - Thursday from 8:00 a.m. until 5:00 p.m. and Friday from 8:00 a.m. until Noon. Staff will not be available to check me in at any other time. If I arrive outside of these times, I will have to wait until the next scheduled check-in time.</i> <i>* I am aware that building maintenance, including painting and plastering, will be ongoing in the residence housing during the Early Arrival period.</i> <i>* I am aware that maintenance/housekeeping staffs may not be able to prepare my assignment prior to the time I arrive to check-in.</i>		
Student Signature: _____ Date: _____			
<i>Office Use Only</i>	Date Received: _____ Time: _____ Date Entered: _____		
	# days arriving prior to opening _____		Total Early Arrival Charges _____
	_____ x \$25.00 per day = _____		
Comments: _____		Approved _____ Denied _____ Staff Member Initials:	