Card Swipe Authorization Form

Dorm and suite/room number:

___________________________________

On the back of this form please list up to 10 friends per resident in your suite/room who you would like to receive access (be sure to print legibly). Please note any student with visiting guests accepts responsibility for those guests' behavior, and the guests are responsible for observing the regulations of Harvey Mudd College and other colleges in the Claremont community. Any person who has been invited, either explicitly or implicitly, to one of the colleges in the Claremont community by a member of ASHMC is defined to be a guest of that member.

Names and signatures of residents currently living in the suite/room who approve giving access to the friends listed on the back of this form.

1. ________________________________  _________________________________
   Print name     Signature

2. ________________________________  _________________________________
   Print name     Signature

3. ________________________________  _________________________________
   Print name     Signature

4. ________________________________  _________________________________
   Print name     Signature

5. ________________________________  _________________________________
   Print name     Signature

6. ________________________________  _________________________________
   Print name     Signature

7. ________________________________  _________________________________
   Print name     Signature

8. ________________________________  _________________________________
   Print name     Signature

9. ________________________________  _________________________________
   Print name     Signature