***Brown University***
Auxiliary Housing Office, Box 1902
Phone: 401-863-2016 fax: 401-863-9874

# Visiting Scholars' Housing Reservation Form

Visiting Scholar Short-Term Housing arrangements must be reserved by the Brown University Department sponsoring the visiting guest on University-related business. Reservations must be made prior to completing this form. Reservations will be confirmed only upon receipt of the completed form. Mail or fax this form to Betty Cotoia at the Auxiliary Housing Office.

Rent must be paid directly by the visiting scholar using his/her personal funds. Federal tax regulations place restrictions on direct rent payment by a University department for more than one month. Should the sponsoring department wish to subsidize the cost of housing for the guest, suitable arrangements are to be negotiated directly with the guest.

Single-occupancy accommodations can be reserved on a daily, weekly or monthly basis. We cannot accommodate children or pets. Smoking is prohibited in all Visiting Scholar units. Any guest violating this policy will be asked to leave the premises and will relinquish any rent that has been received.

The rental agreement is between the Auxiliary Housing Office and the Brown University Department sponsoring the guest. The sponsoring department will serve as the official contact point on behalf of its guest and accepts full responsibility for any loss and/or damage to the property; for any unpaid rent and for any expense incurred for last-minute schedule changes.

**Cancellations made one week or less prior to the date of arrival, the Sponsoring Department will be charged one weeks rent. Guests arriving after the reserved arrival date will be charged from the original arrival date.**

**Please mail or fax completed form to Betty Cotoia, Box 1902 or fax x3.9874**

**GUEST INFORMATION:** **PLEASE PRINT CLEARLY**

Name:_____Male/Female_____

From/Country:_____E-mail address:_____

Arrival Date:_____DepartureDate:_____

**SPONSORING DEPARTMENT INFORMATION:**

Staff contact person:_____

Department:_____

Account number: (if department is paying ) _____

Phone:_____Box:_____Fax:_____

Sponsor's
Signature:_____

Date:_____