USAO Roommate Preference Form

Please select preference: Lawson Sparks Robertson			
To assist you in having the best residential experience, it is very important that you are honest with your responses. We will do our best to match you with your listed preferences based on our availability. For each area below, check the one box that best applies to you. All information given will remain confidential.			
Legal Name: Preferred Name:			
Age:			
I am a: New Student Transfer Student Returning Student			
USAO Status at time of occupancy (check all that apply): Transfer Freshman Sophomore Transfer Sophomore			
Junior Transfer Junior Senior Transfer Senior			
Athlete – Soccer Athlete – Basketball Athlete – Cross Country Athlete – Track			
Athlete – Baseball Athlete – Softball Athlete – Volleyball Athlete – Golf			
Gender Identity: Male Female Transmale Transfemale Neutral			
I already know who I want as roommates/suitemates. They are:			
(roommates must request each other before assignments can be made)			
Do you give permission to release your telephone number, email address, and major once you and your roommate have been assigned? Yes No			
Study Habits: (check all that apply) In my room With TV/music/YouTube Alone With a group In the library Without TV/music/YouTube One-on-One I prefer a roommate who matches my choices			
Sleeping Habits: (check all that apply) Go to bed early Go to bed late Get up early Go to bed late Schedule driven Some light Irregular I prefer a roommate wh matches my choices			
Cleanliness: (check all that apply) Everything has a place and goes there Everything has a place and may or may not be there I prefer a roommate who matches my choices Some things just don't have a place Everything has a place and that place is the floor			
Smoking/Vaping (All residence halls and campus buildings are tobacco free) I am a nonsmoker and I am not bothered by a roommate who smokes/vapes outside I am a nonsmoker but I am allergic to smoke/vape or bothered by a roommate who smokes/vapes outside I am a smoker/vaper			

Drinking (Residents 21 and over are permitted to consume alcohol no greater than 14% or 30 proof.) I do not consume alcohol but I am not bothered by a roommate that drinks I do not consume alcohol and I am bothered by a roommate that drinks I consume alcohol				
Guests: (check all that apply) I frequently have day guests I rarely have day guests I frequently have overnight guests I rarely have overnight guests I rarely have overnight guests I rarely have overnight guests Having frequent over night guests Having some overnight guests				
How do you feel about your roommate borrowing your personal belongings (clothes, food, toiletries)? (check all that apply) What's mine is yours; use whatever you want You can usually use my things; just ask first I prefer it if people not use my things I have a few things I prefer personal, but the rest is fair game				
I consider myself in community (or solidarity) with LGBTQIA students and I believe I would be a good roommate for other LGBTQIA allies and/or members of the LGBTQIA community. yes no unsure				
Are you registered for an emotional support animal? Yes No				
If so, what is your animal:				
Are you comfortable living with someone who has an emotional support animal? Yes No				
What three words best describe you?				
Optional Word Bank: Productive Sociable Shy Mature Studious Racy Organized	Outgoing Opinionated Leader Introverted Patient Artistic Easy going	Meditative Traditional Creative Friendly Consistent Modest Funny	Direct Tolerant Athletic Assertive Emotional Unconventional Open-mindedness	
Do you have any medical concerns, allergies, or physical limitations that would be helpful to know for placement purposes? If yes, please explain:				
If you have any other preferences, please explain:				