Hall/Room _____

Date _____

BUFFALO STATE The State University of New York

ROOMMATE/SUITEMATE AGREEMENT

The following Roommate Bill of Rights and Roommate agreement, was adapted from Miami University, is a reminder to each resident that the enjoyment of life in a residence hall will depend, to a large extent, on the thoughtful consideration demonstrated by roommates.

A Resident's Bill of Rights:

- 1. The right to read, study, and sleep without undue disturbance from noise, other distractions, guests of roommate(s), etc.
- 2. The right to expect that a roommate will respect one's personal belongings.
- 3. The right to communicate that a roommate will respect one's personal belongings.
- 4. The right to a clean environment.
- 5. The right to free access to one's room and facilities without pressure from the roommate or guest(s).
- 6. The right to privacy, including the right to exclude non-residents of the room from the room.
- 7. The right to address grievances.
- 8. The right to be free from fear of intimidation and physical or emotional harm.
- 9. The right to reasonably cooperation and the use of "room shared" appliances (refrigerator, fan, etc.).
- 10. The right to seek help from Residence Life Office staff.

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|-----------------------|----------|
| ionships. | - Friday |
| lex.xml, and click on | 24.14 |

This agreement is designed to help roommates get to know each other and to start opening the lines of communication on topics that we know are important for successful roommate relationships.

STEP 1: Go to the following website: <u>http://www.buffalostate.edu/residencelife/index.xml</u>, and click on Roommate Success Guide before completing this form (or use the QR code to the right).

STEP 2: Acknowledge you have read the Resident's Bill of Rights and complete the box below.

| Roommates Names (print) | Initial below to indicate you have read the Roommate Bill of Rights |
|----------------------------|---------------------------------------------------------------------------|
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STEP 3: You and your roommates have been given copies of this form. Together, answer every question below. Fill in your agreedupon responses on both copies. Keep one in your room. Give the other to your Paraprofessional.

| CONNICTICATION | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. Will we have a regular check-in to talk about how our room/suitemate relationship is going? If yes, when? | | |
| How should we communicate with each other if something is going on in the room that makes one of us uncomfortable? (e.g., alcohol or drug use, other policy violations, intimate relationships, room decorations, etc.) How comfortable are we with talking about our | | |
| differences (e.g., cultural, religious, lifestyle, background, etc.)? | | |
| 4. What are our expectations of the roommate relationship? | | |

COMMUNICATION

GUESTS/VISITORS

| 1. When is it ok for each of us to have guests in the | |
|-------------------------------------------------------|--|
| room? | |
| 2. When is it too late to have guests? | |
| 3. When, if ever, is it ok for one of us to have an | |
| overnight guest in the room? | |
| 4. If one of us is away for the weekend, may that | |
| person's bed be used by a guest? | |

STUDY/SLEEP TIME

| 1. When time each of us typically go to bed on week nights? What time do we want to have lights out during the week? | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. When time each of us typically get up during the week? | |
| 3. If one person is sleeping, what activities are acceptable in the room/suite? | |
| 4. What type of environment helps each of us concentrate on our studies most effectively (e.g., music or no music, others in the room, etc.)? | |

USE OF BELONGINGS

| 1. What belongings (e.g., food, TV, personal items, clothing, etc.) are okay to share? What's not okay to borrow without asking? | |
|----------------------------------------------------------------------------------------------------------------------------------|--|
| 2. What shared belongings do we have (e.g., refrigerator, cabinet, closet)?How will we share them? | |

CLEANLINESS & CLIMATE OF ROOM

| 1. What is our plan for keeping the room/suite clean? | |
|-----------------------------------------------------------------------------------------|--|
| 2. How often and who will take out the trash and recycling? | |
| 3. Are there particular things that any of us are allergic to (e.g., dust, latex, etc.) | |
| 4. Medical Concerns (up to your discretion) | |

Sign and date by all roommates:

| signature | date | signature | date |
|-----------|------|-----------|------|
| signature | date | signature | date |
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