

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: _____ **Hometown:** _____ **Major:** _____

I am a: ☐ New Student ☐ Transfer Student ☐ Returning Student

USAO Status at time of occupancy (check all that apply):

☐ Freshman ☐ 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 ☐ Get up early ☐ Flexible ☐ Some light ☐ Irregular
☐ Go to bed late ☐ Get up late ☐ Schedule driven ☐ No light ☐ I prefer a roommate who matches my choices

Cleanliness: (check all that apply)

☐ Everything has a place and goes there ☐ Some things just don't have a place
☐ Everything has a place and may or may not be there ☐ Everything has a place and that place is the floor
☐ I prefer a roommate who matches my choices

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'm okay with my roommate: (check all that apply)

- ☐ Having frequent day guests
☐ Rarely have day 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	Outgoing	Meditative	Direct
Sociable	Opinionated	Traditional	Tolerant
Shy	Leader	Creative	Athletic
Mature	Introverted	Friendly	Assertive
Studious	Patient	Consistent	Emotional
Racy	Artistic	Modest	Unconventional
Organized	Easy going	Funny	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:
