

Color Code Key	Resident In Room		Late Stay Approved		Ready for RA/HD		Ready to Be Cleaned		Ready for New Occupants			
			Hall Director	Checkout Date	Check-Out Envelope Process by Receiving Staff		RA of Floor		Hall Director	Hall Secretary		
	Resident Name	Stay Late Approved	Key Returned (Y = Yes or N = No)		Checked Out of StarRez (beginning 4/29)	Processed By (Staff Initial)	RA Room Check	Damages? (Y or N)	RLC Room Check	Request to be Cleaned Sent	Ready	
RM# 0100	Steve	Rogers		5/2/25	Y	5/3	JH	AG	N	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Tony	Stark		5/3/25	N	5/4	JH					
RM# 0101	Sam	Wilson		5/2/25	Y	5/3	JH	GB	Y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Peter	Parker		5/3/25	N	5/4	JH					
RM# 0102	Natasha	Romanoff	5/20/25	5/20/25	Y			WH	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0103	Stephen	Strange		5/5/25	Y	5/6	JH			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0105	Peter	Quill								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Scott	Lang								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0106	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0107	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0108	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0109	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0110	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0125	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0126	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0127	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0128	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0129	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0130	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0131	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0132	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0133	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0149	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0151	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0153	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 055	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0157	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0159	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0160	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0161	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0162	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0163	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0164	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0165	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RM# 0200	First Name	Last Name								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>