



OFF-CAMPUS RESIDENCE VERIFICATION
2009-2010 Academic Year

NAME _____
Please print: Last name, first, middle

ID# _____ DATE OF BIRTH _____

CATEGORY - check the one that most closely fits

- I AM TAKING UNDER 12 CREDIT HOURS THIS SEMESTER
MARRIED FULL NAME OF SPOUSE _____
LIVING WITH YOUR PARENTS OR RESPONSIBLE FAMILY MEMBER (Signature required)
I understand as a non-resident student under the age of twenty-three at the time of registration that I am required to live at home with and under the supervision of my parent(s) or responsible family member. I agree to notify the Office of Housing in advance of any changes in my place of residence or in the information provided on this form.

Family Member Signature (and phone numbers below) Date Phone #
Day Time Phone # _____ Evening Phone # _____

- I AM 23 YEARS OF AGE AT THIS REGISTRATION
COMPLETED EIGHT FULL-TIME SEMESTERS OF POST-HIGH SCHOOL EDUCATION AT THIS REGISTRATION
OTHER / EXPLANATION: _____

DURING THE SCHOOL YEAR, I WILL LIVE AT THIS ADDRESS:

I understand that my place of residence is under the same restrictions listed in the Lifestyle portion of the Student Handbook and I agree to those restrictions.

STREET _____ E-mail _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ Cell # _____

I certify that the above information is true and correct and I understand that falsification of Official University documentation or information may lead to serious disciplinary action, including dismissal.

STUDENT'S NAME (Please print) _____ STUDENT'S SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY
Date Application Received _____
Date of Official Action: _____
Application Approved [] Denied []
Comments: _____
Reviewed by: _____