



Verification of Residence with Parent or Guardian

If requesting an exemption from the College Residency Requirement in order to commute from home, please complete this application and return it to the Office of Residence Life, Student Development Suite in Sullivan Center with your *Application for Exemption from Residency Requirement*.

STUDENT INFORMATION AND STATEMENT OF INTENT TO COMMUTE

Name _____ Student ID# _____

Age _____ Date of Birth _____ Home Phone# _____

Cell Phone # _____ Medaille email _____

I am under 21 years of age, but will be commuting from the residence of my parent(s) or Guardian(s). I understand that approval of my *Application for Exemption from Residency Requirement* will be based on the condition that I reside at this residence, and this residence only, for the entire academic year. I further understand that if this arrangement changes, I must move directly into College-owned housing.

Student Signature

Date

PARENT OR GUARDIAN INFORMATION AND VERIFICATION

Name _____ Phone _____

Address: _____ City: _____ State: _____ Zip: _____

My notarized signature below indicates my verification that I am the parent or guardian of the student named above and that s/he will be residing and commuting to the College from the residence exclusively for the upcoming academic year. My signature further indicates my understanding that the College’s approval of the student’s *Application for Exemption from the Residency Requirement* is based on the condition that s/he lives at my residence for the approved time period. Further, if the above student moves out of my residence during the academic year, I agree to promptly notify the Office of Residence Life and understand that s/he will be required to move directly into College-owned housing.

Parent/Guardian Signature

Date

Subscribed and sworn/affirmed to before me on this _____ day of _____, 20____

Notary Public Signature

Notary Public Printed Name

(Current Official Seal or Stamp)