

# Request for Exemption from College Housing Policy

(Use only if a Room and Board Agreement has NOT been submitted.)



## Requestor (Student) Information

Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Student ID #: 8 0 \_\_ - \_\_ - \_\_ - \_\_ - \_\_ Class:  Fr.  So.  Jr.  Sr.  Gr.  Exchange

Residence Hall: \_\_\_\_\_ Room #: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_ @oswego.edu

Student Status:  Incoming First-Year Student  Incoming Transfer Student  Current First-Year Student

**Reason for Request** (Please check all that apply. Documentation independent of your narrative is required.)

- Commuting from home
- Medical
- Diet
- Personal
- Financial
- Other \_\_\_\_\_
- Marriage

**Attach supporting documentation**, including a brief description of your request, to this form and return to the Residence Life and Housing Office, 303 Culkin Hall. You will receive a response to your request with a brief explanation of the decision. Unless you receive approval of this request, your student status requires compliance with the housing policy.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent or Legal Guardian Verification (check all that apply and provide notarized signature)

- My **notarized signature below indicates** my verification that I am the parent or legal guardian of the student named above and that I concur with my student's decision to request the permission of the Assistant Vice President for Residence Life & Housing to reside off campus. Furthermore, I have given consideration to such factors as location, environment, proximity to campus, supervision and general living conditions of the accommodations and have found them to be satisfactory. (must be completed if requestor is under 21 years of age)
- My **notarized signature below indicates** my verification that I am the parent or legal guardian of the student named above and that my student will be residing at, and commuting exclusively to the College from, my domicile for the \_\_\_\_\_ semester/academic year. My signature further indicates my understanding that the College's approval of **the student's Request For Exemption from the Room and Board Agreement** is based on the condition that the above student lives at my domicile for the approved time period. Further, if the above student moves out of my domicile before completion of the academic year (for transfer students) or completion of two academic years (for first-year students) I agree to promptly notify the Residence Life and Housing Office and understand that my student will be required to move directly into College-owned housing.

Print Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number & Street City & State Zip Code

\_\_\_\_\_  
Parent or Guardian Signature Notary Public Signature  
 \_\_\_\_\_  
Date Date

For Office Use Only

Exemption Request  Denied  Approved

Room Rate Code: \_\_\_\_\_

Signature of Residence Life and Housing Officer: \_\_\_\_\_ Date: \_\_\_\_\_