

# Request to Terminate Residence Life and Housing License



## Requestor (Student) Information

Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

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

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

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

Number of semesters on campus: \_\_\_\_\_ Entered:  Fall  Spring As a:  Freshman  Transfer

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

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Commuting from home | <input type="checkbox"/> Internship  | <input type="checkbox"/> Personal         |
| <input type="checkbox"/> Diet                | <input type="checkbox"/> Marriage    | <input type="checkbox"/> Student Teaching |
| <input type="checkbox"/> Exchange Student    | <input type="checkbox"/> Medical     | <input type="checkbox"/> Studying Abroad  |
| <input type="checkbox"/> Financial           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Transferring     |
| <input type="checkbox"/> Graduation          |                                      | <input type="checkbox"/> Withdrawing      |

If approved, I would like to move out of the hall by \_\_\_\_\_ date.

**Attach supporting documentation**, including a brief description of your request, to this form and return to the Residence Life and Housing Office, 303 Culklin Hall. You may be scheduled to meet with the Assistant Vice President or their designee to discuss your request. A decision will be rendered regarding your request at the time of your meeting. Unless you receive approval of this request, your student status requires compliance with the housing policy.

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

If approved, you will be required to remove all belongings, have your room inspected, and officially check out. Return your keys and/or fob, if applicable, to the desk attendant and leave a forwarding address prior to signing out. Refunds are processed by the Student Accounts Office. If you have other questions regarding your financial status related to charges, please refer to the *Residence Life & Housing Student Handbook* for an explanation of the refund policy. If approved, please change your address at myOswego.

### 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 to Terminate the Residence Life and Housing License** 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** Termination Request  Denied  Approved Room Rate Code: \_\_\_\_\_  
 Student must be completely moved out of their room and checked out by this date: \_\_\_\_\_  
 Signature of Residence Life and Housing Officer: \_\_\_\_\_ Date: \_\_\_\_\_