

Off Campus Request Form

Residential Living & Learning

| | rder to receive a response prior to being held responsible for the semester's housing, there by: | his request must be submitted to the l | Residential Living & Learning |
|-------------------------------|--|--|--|
| 01110 | August 1; Fall Semester | December 1; Spring Semester | |
| to tr avai | ed upon research findings, Tarleton State University believes students will have the becausition into independence with an on-campus residential experience. Any registered lable, although priority is given to students who must meet On-Campus living require gated to fulfill the terms of the contract. | student may live in our on-campus e | nvironment if space is |
| | dents who wish to live off-campus are required to meet one of the exemptions outlined ing & Learning, students who meet one or more of the following criteria may be given | | uthorization by the Residential |
| Last | t Name, First Name, Middle Initial | University Identification Number | per or Social Security Number |
| Hor | ne Address, City, State, Zip | Telephone/Contact Number | |
| | ck each exemption that applies and provide the requested documentation prior to subnorization. | nitting this to Residential Living & L | earning for verification and |
| ✓ | Exemption | Required Signatures | For Official Use Only Verification |
| | I reside with my parents/legal guardians at the address shown on my driver's license. The address is within 45 miles of Tarleton State University. Provide a copy of the student and parent/legal guardian's photo identification to verify permanent residence along with a copy of the birth certificate or legal documentation verifying parental/legal guardianship. | Parent/Legal Guardian Signature | R.L.L. Verification Signature |
| | I reside with my sibling who is a registered student at Tarleton State University and is residing at the following address located within 45 miles of Tarleton State University. Please provide the University Identification Number for your sibling so that registration status can be verified. | Sibling Signature | R.L.L. Verification Signature |
| | ADDRESS: | Sibling UID | |
| | I am married or a single parent with dependent child(ren) residing with me. Provide a copy of the legal marriage certificate or birth certificate of the dependent child(ren). | None | R.L.L. Verification Signature |
| | I have a medical condition which precludes living in the residence hall. Provide written documentation (on doctor's letterhead) by a physician. Documentation will be reviewed and verified by Tarleton State University medical personnel. By signing below, you agree to release all related medical information to Tarleton State University in order to verify this request. | Physician Signature | R.L.L. Verification Signature TSU Medical Personnel |
| | I am over 21 years old and will provide a copy of my driver's license. | None | R.L.L. Verification Signature |
| | I am taking 8 credit hours or less as a part time student. Provide a copy of your registered schedule. Schedule will be verified after the add/drop date for each semester this applies. | None | R.L.L. Verification Signature |
| | 8 HOURS OR LESS AGREEMENT: | | |
| | signature indicates the truth and accuracy of the information provided to obtain approval to | | proved \Box Denied |
| | lent Signature er submitting this completed document, you will receive a response within 14 to 2 | 21 days. | |
| RL&L Signature: Date: Logged: | | | |