APPLICATION FOR EXEMPTION TO ON CAMPUS RESIDENCE REQUIREMENT
Department of Residential Life
University at Albany

| NAME: __________________________ | UAlbany ID: __________________________ |
| Current Class Status: _______ | Semester Applying for Exemption: _______ |
| __________________________ | FALL 2011 |
| PERMANENT ADDRESS: ________________ | Permanent Phone: ________________ |
| __________________________ | Cell: ________________ |

I am applying for an exemption to the on campus residency requirement for the following reason:

- **O** MARRIED STUDENT
  - Please attach copy of marriage certificate

- **O** 21 YEARS OF AGE OR OLDER
  - Please attach copy of driver’s license or birth certificate

- **O** VETERAN
  - Please attach copy of Form DD 214

- **O** LIVE WITH PARENT OR GUARDIAN RESIDING WITHIN 50 MILES OF UNIVERSITY AT ALBANY CAMPUS
  - Provide letter from Parent or Legal Guardian and specify the permanent local address

- **O** DEMONSTRATED FINANCIAL HARDSHIP
  - A legitimate financial change that would require you to move to your permanent address which must be less than 50 Miles from the University campus

- **O** MEDICAL REASON (MEDICAL SINGLE UNAVAILABLE OR CONDITION WOULD CREATE HARDSHIP TO LIVE ON CAMPUS)
  - You must meet the requirements as outlined on the back of this form.

_I certify that the above is true and accurate. I understand that I will be billed for sixteen weeks (i.e: one semester) of room charges and that my space will be released for use IF this exemption request is denied and I still choose not to reside on-campus._

Signature: __________________________ Date: __________________________

Mail to: __________________________
Fax: (518) 442-5835

Department of Residential Life
State Quad U-Lounge
University at Albany
Albany, NY 12222

Office Use:
Date rec’d: _______ Room # _______ Room released: _______