

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:

- MARRIED STUDENT** Please attach copy of marriage certificate
- 21 YEARS OF AGE OR OLDER** Please attach copy of driver's license or birth certificate
- VETERAN** Please attach copy of Form DD 214
- 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
- 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
- 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:

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

Fax: (518) 442-5835

Office Use:

Date rec'd: _____

Room # _____

Room released: _____