

REQUEST FOR EXEMPTION-REQUIRED HOUSING POLICY

Fall 20 _____ Spring 20 _____

NAME: _____ STUDENT ID NUMBER: _____
Last First MiddleHOME ADDRESS: _____
City State Zip CodeRES HALL ADDRESS: _____
Building Room

HOME PHONE: () _____ LOCALPHONE: () _____ CELL: () _____

CLASSIFICATION: _____ Freshman _____ Sophomore

DATE OF BIRTH: _____ GENDER: _____ Male _____ Female _____ Transgender

EMAIL ADDRESS: _____

Office Use:
Date rec'd _____
Date email sent _____

Mail or return to:
Office of Residence Life
Medaille College
18 Agassiz Circle
Buffalo, NY 14214

PLEASE CHECK WHERE APPROPRIATE AND ATTACH REQUESTED DOCUMENTATION:

1. () **MARRIED**- include copy of marriage certificate.
2. () **HAVE a DEPENDENT CHILD**- (must be the primary care provider) include copy of child's birth certificate and tax forms.
3. () **COMMUTER 50 MILES OR LESS and living with parent/guardian**- Please also complete the Parent/Guardian Statement for Commuters and include with exemption request.
Exemptions to commute will not be approved once the contract period begins.
4. () **21 YEARS OF AGE OR OLDER**- include a copy of birth certificate or driver's license.
5. () **VETERAN** – 181 days or more of active military service. Provide copy of Department of Defense Form 214.
6. () **SPECIAL CIRCUMSTANCES**- requests for exemption in special circumstances defined as "unique and unusual" will be considered.
Please attach additional documentation to fully explain your exemption request. Please also complete the Parent/Guardian Statement for Commuters and include with exemption request.

I certify that all of the information contained on this form and in any supporting documentation is true and accurate. I have provided all documents to support my request and I hereby apply for exemption. I understand that providing the College with false information could lead to disciplinary actions such as restitution, probation, suspension from the College and/or other actions. I further understand that should this request be denied and I live off campus, I will be charged a fee equivalent to current term housing charges.

Signature_____
Date

**PARENTS/GUARDIAN
STATEMENT FOR
COMMUTERS**

Medaille College strongly believes in the value of the on-campus residential component of the educational experience for students. Studies have indicated the following regarding students living on campus during their first years of college:

- They earn better grades.
- They develop stronger ties to the College.
- They build more meaningful relationships with peers.
- They are generally more satisfied with their college experience than students who live off-campus.
- They are more likely to graduate.

However, we do recognize that certain considerations need to be made to allow students to commute from the home and primary residence of a parent or legal guardian within a reasonable distance. After completion of the exemption form, please read, sign, and notarize the following:

- I verify that I am the parent/legal guardian for _____
(Please print student's name)
- My son/daughter will be residing with me at my permanent home and address.
- I certify that all of the information contained on the exemption form and in any supporting documentation is true and accurate.
- I understand that providing the College with false information could lead to student disciplinary actions such as restitution, probation, suspension from the College and/or other actions.
- If my son/daughter's living situation changes after an approved exemption, I understand that I will notify the Office of Residence Life of this change and that my son/daughter may then be required to live in the residence halls.
- I further understand that should this commuting request be denied and the student chooses to live off campus, the student will be charged a fee equivalent to current term housing charges. Similarly, if the exemption is approved and the student is discovered not to be living at home through any method or for any reason, the student will be charged the same fee and may face disciplinary action.
- Due to frequent false information being provided to the College, periodic audits will take place to monitor that the student is indeed residing at home.

Parent/Legal Guardian

Notary Public

State of _____
County of _____

Subscribed and sworn to before me on this the ____ day of _____, 20__ by _____

Notary Signature

Seal

My Commission Expires: _____