



RESIDING OFF CAMPUS FORM

I will be residing off-campus for _____
Semester and Year

I will be residing with my _____
Name and Relationship

Student's Name: _____

Student's ID # _____

(Commuting) Address: _____
Street City State Zip Code

Student's Contact Number: _____

Name of Parent or Guardian: _____

Parent/Guardian Address: _____
Street City State Zip Code

***Please be advised that this form must be submitted every semester that you are a commuting student.**