

TRUMAN STATE UNIVERSITY - RESIDENCE LIFE

First-Year Student Residence Policy Waiver

Name _____ Date of Birth _____
 Student ID Number _____ Housing Start Date _____
 Address _____
 City, State, Zip _____ Phone# _____

Instructions:
 The completed waiver form should be returned with the \$25 processing fee to:
 Truman State University
 Admissions - 205 McClain Hall
 100 E. Normal Street
 Kirksville, MO 63501-4221

Reason for Requesting Waiver

- _____ Residing with immediate family: parent, grandparent, or legal guardian (please circle)
 Name: _____
 Address (If different from above) _____

 Telephone (if different from above) _____
- _____ Student released due to marriage, parenthood, over the age of 21, or other justified special cases (supporting documentation must be provided).
- _____ Other (please explain):

Termination of your Housing Contract 7 Days Prior to and After the Academic Year has Begun

Students who terminate their housing contract but remain a Truman student will be assessed a \$700 Contract Breakage Penalty; any assessed property damage fees and will forfeit their \$125 Housing Deposit.

Housing fees will be assessed and disciplinary action taken if the information given above is false.

Signature of Student (Signing of form must be witnessed by notary) _____

Verification

State of _____
 County of _____

I, _____, a Notary Public, do hereby certify that on the ____ day of _____, 2_____, _____ personally appeared before me and being first duly sworn by me acknowledged that he/she signed as a free act and deed and declared that the statements therein contained are true, to the best of his/her knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.
 NOTARIAL SEAL:

 Signature of Notary Public

My Commission expires _____

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| Office Use Only | Date Received: _____ Approved by: _____ Date: _____ |
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