DEPARTMENT OF HOUSING & RESIDENCE LIFE
SAINT LOUIS UNIVERSITY
RESIDENCY EXEMPTION REQUEST FORM
Commutable Distance Supplemental Documentation

Name (Please print): ___________________________  Banner ID: ___________________________

Student Type:  ☐ First Time Freshman  Semester exemption would start: ___________________________
              ☐ Transfer Student  Email Address: ___________________________
              ☐ Current Student

Semesters in College:  ☐ First Semester  Phone #: (______)___________________________
                      ☐ Second Semester
                      ☐ Third Semester
                      ☐ Fourth Semester

TO BE COMPLETED IN PRESENCE OF NOTARY PUBLIC

To whom it may concern:

Please be advised that my student, __________________________ (Banner ID #000__________) plans to
live with me, his/her parent/guardian, at the address below for the ____________ academic year and
commute to and from campus daily.

________________________________________  _______________________________________
(printed name)  (signature)

Number and Street  City  State  Zip Code

FOR NOTARY USE ONLY:

On this ______ day of ______ in the year ______, before me, the undersigned notary public, personally appeared
___________________________, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument
and acknowledge that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

________________________________________
(signature)

Notary Public
Printed Name: ___________________________

My commission expires: ____________________

Submit this form to:
DEPARTMENT OF HOUSING AND RESIDENCE LIFE
221 North Grand Boulevard  DuBourg Hall, Room 157  Saint Louis, MO 63103
(314) 977-2811 (phone)  (314) 977-1510 (fax)  reslife@slu.edu