



SAINT LOUIS UNIVERSITY

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
 Current Student Email Address: _____

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:

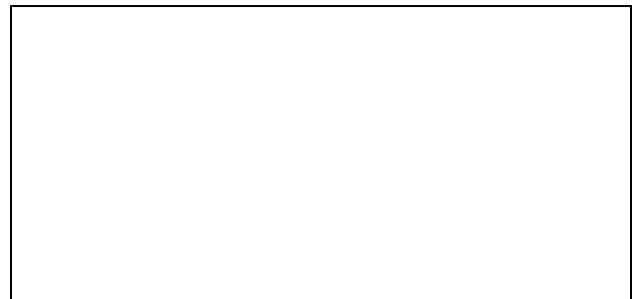
On this _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge that he/she/they executed the same for the purposes therein contained.

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