2017-2018 APPLICATION FOR EXEMPTION TO ON CAMPUS RESIDENCE REQUIREMENT
Department of Residential Life
University at Albany

NAME: ________________________  UAlbany ID: __________________

Current Class Status: __________________________
Semester Applying for Exemption: __________________________

PERMANENT ADDRESS: __________________________  Permanent Phone: __________________
__________________________________________  Cell: __________________________

I am applying for an exemption to the on campus residency requirement for the following reason:

O MARRIED STUDENT  Please attach copy of marriage certificate

O 21 YEARS OF AGE OR OLDER  Please attach copy of driver’s license or birth certificate

O VETERAN  Please attach copy of Form DD 214

O LIVE WITH PARENT OR GUARDIAN RESIDING WITHIN 50 MILES OF UNIVERSITY AT ALBANY CAMPUS
Provide letter from Parent or Legal Guardian and specify the permanent local address

O DEMONSTRATED FINANCIAL HARDSHIP
A legitimate financial change that would require you to move to your permanent address which must be less than 50 miles from the University campus

O MEDICAL REASON (MEDICAL SINGLE UNAVAILABLE OR CONDITION WOULD CREATE HARDSHIP TO LIVE ON CAMPUS)
All medical requests must be submitted to the Health Center at least 4 weeks prior to the beginning of the semester in order to allow time for gathering of all information. Please email the health center with any direct inquiries. Visit the health center website for specific information on medically based housing requests including required specific medical information. If the medical center supports your claim, you will then be exempt from housing.

I certify that the above is true and accurate. I understand that I will be billed for sixteen weeks of room charges and that my space will be released for use IF this exemption request is denied and I still choose not to reside on-campus.

Signature: ________________________  Date: ________________________

Mail to:
Department of Residential Life
State Quad U-Lounge
University at Albany
Albany, NY 12222

Fax: (518) 442-5835

Office Use:
Date rec’d:  Room #  Room released: