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 (i.e: one semester) 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: