

# 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  
 Ruth W. Towne Museum & Visitors Center  
 100 East Normal Avenue  
 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:**

- **After August 20:** Loss of deposit, 100% of room & board up to date of cancellation + 40% of ROOM rate for the remainder of the academic year.

**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 \_\_\_\_\_

Office Use  
 Only

Date Received: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_