

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: _____