



**Office of Residential Life/Learning Communities  
Division of Enrollment Management and Student Affairs**

**VERIFICATION OF RESIDENCE WITH PARENT OR GUARDIAN**

If requesting an exemption from the residency requirement, in order to live at home, please complete this application

**STUDENT INFORMATION AND STATEMENT OF INTENT TO LIVE AT HOME.**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_ Brockport Email \_\_\_\_\_

I understand that approval of my release from the Second Year Residency Requirement will be based on the condition that I reside at this residence and this residence only. I further understand that if this arrangement changes, I must move directly into College-owned housing.

For more information on the Second Year Residency Requirement, I know I can find additional information at [https://brockport.edu/life/residential\\_life/residency\\_requirement](https://brockport.edu/life/residential_life/residency_requirement)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN INFORMATION AND VERIFICATION**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

My notarized signature below indicates my verification that I am the parent or legal guardian of the student named above and that they will be residing and commuting to the College from my residence exclusively for the entirety/remainder of the academic year. My signature further indicates my understanding that the College's approval of the student's release from the Second Year Residency Requirement is based on the condition that they live at my residence for the approved time period. Further, if the above student moves out of my residence during the semester, I agree to promptly notify the Office of Residential Life/Learning Communities and understand that my student will be required to move directly into College-owned housing

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Subscribed and sworn/affirmed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

*(Current Official Seal or Stamp)*