

Student Name: _____

Banner ID#: 800_____

2023-24 S32a



**SUNY
BROCKPORT**
Financial Aid Office

Change of Housing Status Form

I wish to amend my housing status for the 20__/20__ academic year. Please check the option that applies.

Housing status change effective for the: ____fall ____winter ____spring ____summer term.

| | FROM | TO |
|--------------------------|---|--|
| <input type="checkbox"/> | On Campus | Commuter (from home, living with parents or relatives other than spouse) |
| <input type="checkbox"/> | On Campus | Off Campus (not with relatives other than spouse) <i><u>Please provide your off campus address:</u></i> _____ _____ _____ |
| <input type="checkbox"/> | Off Campus | Commuter (from home, living with parents or relatives other than spouse) |
| <input type="checkbox"/> | Commuter (from home, living with parents or relatives other than spouse) | Off Campus (not with relatives other than spouse) |
| <input type="checkbox"/> | Any (current housing status) | Attending overseas program or internship, not residing in area. |
| | | |

Signature: _____

Date: _____

S32a (12/6/21)