



The College at  
**BROCKPORT**  
STATE UNIVERSITY OF NEW YORK

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 On-Campus Housing in order to commute from home, please complete this application and return it to Residential Life/Learning Communities (Thompson Hall) in person or via email [housing@brockport.edu](mailto:housing@brockport.edu)

**STUDENT INFORMATION AND STATEMENT OF INTENT TO COMMUTE**

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

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

I understand that approval of my release from the *On-Campus Housing Agreement* will be based on the condition that I reside at this residence and this residence only, for the entire or remainder of the academic year. I further understand that if this arrangement changes, I must move directly into College-owned housing.

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

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**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 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 On-Campus Housing Agreement* 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 they will be required to move directly into College-owned housing.

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

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

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

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

(Current Official Seal or Stamp)