

**Fort Valley State University
On-Campus Residency Requirement Exemption Form**

Last Name: _____ First Name: _____ Middle: _____

FVSU ID#: _____ # of Academic Credits: _____

E-Mail Address: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Commuting Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

SELECT APPLICABLE EXEMPTION CRITERIA:

_____ **Married:** My valid marriage certificate is attached.

_____ **Single Parent:** A copy of the child's/children's birth certificate(s) and/or adoption paperwork and documentation demonstrating majority custody of the child/children is attached.

_____ **Special Circumstances:** Please explain. Use separate sheet of paper, if necessary.

ACKNOWLEDGEMENT:

_____ I understand if my request is denied and I live off-campus, I will be assessed mandatory housing/dining fees.

_____ I have read, understand and agree to abide by the Fort Valley State University Residency Requirement Exemption Policy.

_____ I certify that the information contain in this form is current and accurate.

Submitted by: _____ Date: _____
(Student's Signature)

<u>Office Use Only</u>	
Date Received: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason for Denial: _____
Housing Official Signature: _____	Date: _____