FORT HAYS STATE UNIVERSITY
Department of Residential Life

OFF-CAMPUS LIVING REQUEST

Cancellation of the contract for reasons other than those listed in the terms and conditions may result in the resident being responsible for full payment of the contract. Approval of the Off-Campus Living Request will result in a $150 termination fee being applied to a student's TigerTracks account.

you must return this form to:

Residential Life, Fort Hays State University, McMindes Hall, Room 126, Hays, KS 67601-4099
Phone: 785-628-4245 | Fax: 785-628-4138 | Email: srl@fhsu.edu

Name _____ University ID No. _____
Last (Family) *First* *Middle*

Home Address _____
Street *City* *Zip Code*

Telephone (Parent's Home) _____ (Parent's Daytime) _____

Permission is being sought to live off-campus for the 20____ _____ semester.

Proposed Hays Address _____

Print name of parent(s) _____

Please check appropriate item:

- [ ] I am married. Spouse's name: _____
  (Please include documentation such as a copy of the marriage license, announcement, or invitation, etc.)
- [ ] I will live at home with my parents and be commuting daily to the university.
- [ ] I plan to live in the _____ Fraternity or Sorority House.
  (If you have already signed a lease with a house, please include a copy for our records.)
- [ ] Other extenuating circumstances for which I request exemption are:

_____

_____

_____

I understand that should this request be granted, it is for the above reason only and is valid for only as long as the above condition exists. (Any changes in address must be on file and approved by the Housing Committee.) I grant the University the right to secure verification of any of the information provided on this document.

I understand that if I am checking out of my room or apartment prior to having a decision on my Off-Campus Living Request form, I may still be liable for all housing charges for the contract term. If my OCLR request is approved, I will be charged a $150 contract termination fee. If my OCLR is denied, I will be held to my contract and the full termination fee up to the remaining housing charges for the academic year.

_____ _____
Student's Signature *Date* *Parent/Guardian's Signature* *Date*

Acknowledgment of Individual (for parent signature only)

State of Kansas | County of _____ Notary Public: _____ My commission expires: _____
Print Name *Date*

This instrument was acknowledged to me on _____ by _____
Date *name(s) of person(s)*

FOR OFFICE USE ONLY

- [ ] Approved
- [ ] Disapproved

_____
Housing Committee *Date*