

# FORT HAYS STATE UNIVERSITY

Department of Residential Life

## FRESHMAN OFF-CAMPUS LIVING REQUEST

The University believes that an organized group living experience enables entering freshmen to enjoy the best possible academic and social beginning to their University career. Therefore, we require any unmarried student who enrolls within one year following the date their class graduated from high school to live in a university residence hall, Stadium Place Apartments, or a sorority or fraternity house. A student may also live in the home of his/her parent or legal guardian within a 60 mile radius of the FHSU campus during the first year of enrollment.

If you are an entering freshman requesting to live off-campus for one of the above reasons or wish to request exemption from this policy due to extenuating circumstances, you must return this form to: **Residential Life, Fort Hays State University, McMindes Hall, Room 126, Hays, KS 67601-4099.**

Name \_\_\_\_\_ University ID No. \_\_\_\_\_  
Last (Family) First Middle

Home Address \_\_\_\_\_  
Street City State Zip Code

Telephone (Parent's Home) \_\_\_\_\_ (Parent's Daytime) \_\_\_\_\_  
A/C Number A/C Number

Permission is being sought to live off-campus for the 20 \_\_\_\_ semester.

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:

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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.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed Hays Address \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Comments: \_\_\_\_\_

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\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Housing Committee Date