

FORT HAYS STATE UNIVERSITY

Department of Residential Life

LIVING WITH PARENT REQUEST

THIS FORM IS FOR USAGE OF INDIVIDUALS LIVING AT HOME WITH PARENTS.

Students that have been out of high school for less than one full year are required to live in the University housing options. This form will be used for students with parents living within a 60-mile radius.

you must return this form to:

Residential Life
Fort Hays State University
McMindes Hall Room 126
Hays, KS 67601-4099

date _____

Received in Office: time _____

initial _____

Phone: 785-628-4245 | Fax: 785-628-4138 | Email: srl@fhsu.edu

Personal Information

(Please provide any applicable personal information below.)

Name _____ Classification _____
Last (Family) First Middle Freshman, Sophomore, etc

Address _____ Telephone _____
Street City Zip Code

Requesting permission for off-campus living for _____ of 20 _____ University ID No. _____
Semester Year

Proposed Address _____ Guardian(s) Name _____
Street City Zip Code

Acknowledgement of Form

(Please sign below if you agree with the following statements in accordance with the Residential Life guidelines.)

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 termination fees up to 30% of my contract balance, as outlined on page 1. 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.

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 If the contract is terminated I shall have housing charges adjusted on a **prorated daily basis** plus be charged a **\$300 fee**. I may apply with proof to the Office of Residential Life for a contract termination.

Student's Signature Date

Guardian's Signature (Notary below used to substantiate a guardian's signature; alternatively this form can be signed in the Residential Life Office.) Date

Notary:

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

This instrument was acknowledged to me on _____ by _____
Date Notary Signature

----- FOR OFFICE USE ONLY -----

☐ Approved ☐ Disapproved _____
Housing Committee Date

Residential Life Timestamp