



Office of Residence Life
 1000 Hawk Drive
 New Paltz, NY 12561
PH (845) 257-4444
FAX (845) 257-4532

First-Year On Campus Housing Requirement Waiver Application

THE COMPLETED FORM MUST BE NOTARIZED

Student's Name: _____ **ID#:** N _____

Student's Home Address: _____

Student's New Paltz Email Address: _____ **Cell#:** _____

Is your home address located within 25 miles of the SUNY New Paltz campus? YES NO
 Your request will be approved automatically if you live within 25 miles.

If your home address is further than 25 miles from the SUNY New Paltz campus, the decision on whether the requirement for first-year students to live on campus can be waived in your case will be at the discretion of the Director of Residence Life. As such, please write a statement in the space below which outlines the reason(s) you want to commute, be it for financial, medical and/or other reasons. **Please leave blank if you live within 25 miles of the campus.**

PLEASE NOTE: The Director of Residence Life reserves the right to request supporting documentation which confirms the reason you are citing. An email will be sent to your New Paltz email address to inform you on whether your statement above is sufficient for approval, or if supporting documentation is required before a decision can be made.

If approved for a waiver of the residency requirement, you will not be guaranteed housing in future semesters.

By signing the form below, you certify that the information you provided above is true and accurate, that you understand and agree to the terms outlined in this form. **If the student is 17 years old or younger, a parent/guardian must also certify and agree by signing this form.**

Student's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
 (If applicable)

Notary Public
 signature and
 agency stamp:

PLEASE MAIL THE SIGNED AND NOTARIZED FORM TO THE OFFICE OF RESIDENCE LIFE AT THE ADDRESS ABOVE