

**ANGELO STATE UNIVERSITY**  
**Request to Reside with Parents, Grandparents, or Sibling**  
**Academic year**

Single undergraduate students with less than sixty (60) semester credit hours of college level work who enroll at ASU and carry a total of 12 or more semester credit hours at ASU and who do not live at the full-time established residence of their parent(s) within 100 miles of San Angelo, Texas, are required to reside in University-owned housing. Any deviations from this policy must have WRITTEN approval from the Office of Residential Programs. Exceptions may be made in accordance with the policy as published in the current ASU Bulletin. Students, with the written permission from the Office of Residential Programs, are permitted to reside at the **full-time established residence** of a parent, grandparent, or sibling. Other relatives such as aunts, uncles, cousins, etc. are not applicable to the policy. No application will be honored without complete documentation. **All information and supporting documentation must be received by the Office of Residential Programs on or before August 1<sup>st</sup> for the academic year.**

**Falsifying any portion of this document subjects the student to disciplinary action including possible suspension from Angelo State University. This document, if approved, must be renewed each academic year.**

I, \_\_\_\_\_, \_\_\_\_\_, request a release/exemption to the ASU Housing policy  
(Your Name) (Your CID Number)  
based upon the fact that I will reside in the established household of my \_\_\_\_\_, whose name is  
(Relation)  
\_\_\_\_\_. I will reside at \_\_\_\_\_, in \_\_\_\_\_,  
(Relative's Name) (Relative's Street Address) (Relative's City)  
Texas, \_\_\_\_\_. The telephone number is \_\_\_\_\_. This request is for the academic year.  
(Relative's Zip Code) (Relative's Phone Number)

**I CERTIFY THAT I UNDERSTAND AND WILL COMPLY WITH ALL OF THE ABOVE.**

Signature of Student	Date	Signature of Relative With Whom Student will Reside	Date
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**SWORN STATEMENT OF COMMUTING STATUS**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, a full-time student at Angelo State University, do hereby declare that I understand the University's requirement that all full-time freshmen and sophomore students reside in campus residence halls, unless such full-time freshman or sophomore is approved for an exemption.

Having declared my full knowledge of this Housing Policy of Angelo State University, I now hereby affirm that my son/daughter will be commuting on a daily basis to the ASU campus from the above named address, which is the full-time established residence of \_\_\_\_\_, \_\_\_\_\_ during the academic year.  
(Relationship)

Signature of Parent or Legal Guardian	Date
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*A student who gives false information concerning housing will be subject to disciplinary action, up to and including suspension from the University. A student found to be living off campus without approval from the Office of Residence Life will be notified through the United States Postal Service to move on campus. If this is not accomplished with ten (10) class days, the Director of Residential Programs will initiate disciplinary action.*

*The information you have supplied on this form is maintained by the University.  
You have the right to review and correct this information by contacting the Office of Residential Programs.*

*REVISED:03/08:SML*