SIUC STUDENT HOUSING POLICY VERIFICATION FORM

This form is used to determine that the student is abiding by the Student Housing Policy by: (a) residing at home with a parent or court-appointed legal guardian and commuting to Southern Illinois University Carbondale or (b) residing with a brother/sister or grandparent and commuting to Southern Illinois University Carbondale. Commuting distance is considered to be within a 60-mile radius of Carbondale. Questions concerning the Student Housing Policy should be referred to the Supervisor of the SIUC Student Housing Policy at University Housing.

NOTE: (a) This form must be renewed each academic year until the applicant is 21 years old or has attained Sophomore status (26 earned credit hours); (b) Falsification of this form in order to comply with the Student Housing Policy or to obtain a parking decal may result in disciplinary action and/or a “hold” being placed on the student’s future registration.

Mail or return the completed form to:
University Housing
SIUC
707 Washington Street Building D
Carbondale, IL 62901-6716
618/453-2301

Section 1: To be completed by the student.
Name ___________________________ ID Number ___________________________
First       Last

Home Address _______________________________________________________________________________________________
Street City State Zip Code

Telephone Number __________________________________ Semester and Year Being Considered _______________________

Student’s Signature* ___________________________ Current Date ___________________________

Section 2: To be completed by the student’s parent/legal guardian.
This is to verify that the student named above in Section 1 will reside at home with me while attending SIUC or I give my permission for this student to reside with the brother/sister/ grandparent* indicated in Section 3 on the reverse side of this form.

Parent/Legal Guardian’s Name (please print) ___________________________ Parent/Legal Guardian’s Signature ___________________________

Home Address _______________________________________________________________________________________________
Street City State Zip Code

Home Telephone Number ___________________________ Daytime Telephone Number ___________________________

*If the student is residing with a brother/sister/grandparent, please follow the instructions on the back of this form.
Section 3: To be completed by the student’s brother/sister/grandparent.

If the student wishes to reside with a brother or sister:

a. The brother/sister must be at least 21 years old or must be at least a junior (56 earned hours) at SIUC
b. If applicant’s and siblings names are different, please provide proof of kinship (such as detailed, signed statement from a parent confirming kinship).
c. If prior SIUC student, SIUC DawgTag/ID#:
d. Attach a copy of your driver’s license to this form.
e. Attached to this form must be a copy of the lease clearly showing the sibling’s name, and the lease must have beginning and ending dates that coincide with the academic year for which this form is being completed.
f. Name, address, and telephone number of the landlord/property manager as indicated on the lease:

   Landlord’s Name: __________________________

   Street
   Address: __________________________  City __________________________  State __________________________  Zip __________

   Phone Number: __________________________

   Name of Brother/Sister/Grandparent (please print) __________________________

   Signature of Brother/Sister/Grandparent __________________________

   Home Address __________________________

   Street __________________________  City __________________________  State __________________________  Zip Code __________________________

   Home Telephone Number __________________________

   Relationship to Student __________________________

   Cell Phone Number __________________________

   Birthdate __________________________

   Male ___ Female ___

____________________________________________________  __________________________________________________
Name of Brother/Sister/Grandparent (please print)  Signature of Brother/Sister/Grandparent

For Office Use Only

Applicant’s Information:

Hours Earned ________  Hours Registered ________  (F  Sp  Su)  DOB __________________________  Hold Released ___

Brother’s/Sister’s Information:

Hours Earned ________  Hours Registered ________  (F  Sp  Su)  DOB __________________________  Sex __________