



Please print legibly or type.

Semester(s)/Year that I am requesting an exemption: Fall 20____/ Spring 20_____

Student Name _____

Student ID A _____

Islander Email _____

Cell Phone _____

Exceptions to the housing requirement will be made for students who will be living daily in the established legal household of a parent, legal guardian (documentation of legal guardianship must be provided), or approved relative. An approved relative is an aunt, uncle, or grandparent **only**. The household must be located **within one of the five (5) Coastal Bend counties: Aransas, Jim Wells, Kleberg, Nueces, and San Patricio or zip codes 78340 (Bayside) or 78393 (Woodsboro).**

In order to be considered for this exemption, the student *and* parent/guardian/approved relative **must** complete and sign this form in front of a Notary Public **and** submit a copy of the parent/guardian/approved relative’s driver’s license showing current address to Islander Housing. **Incomplete requests** will not be reviewed. For more details on the housing requirement, visit the website at <http://housing.tamucc.edu/requirement.html>.

I acknowledge that submission of this form **DOES NOT GUARANTEE** approval of my request. I understand that this is a sworn statement to the State of Texas and affirm that all the information herein and attached is correct and factual to the best of my knowledge. I also understand that if this exemption request is not granted or is revoked, **I not be in compliance with the residency requirement and may be dropped from classes.** Any form of misrepresentation on this form may constitute falsification of records or misrepresentation to a university official, which are violations of, and punishable by, the university’s student conduct process.

Student Signature

Date

Parent, Guardian, or Relative’s Information

Name _____

Relationship to student _____

Street address _____

City & Zip Code _____

Phone _____

I will be living/eating with my relative or guardian named above at their permanent legal address for the semester(s) indicated.

The student named above will be living & eating with me during the semesters listed above at my permanent legal address. My relationship with the student, as listed above, is accurate.

Student’s signature

Parent/Guardian/Relative’s Signature

Date

Date

Subscribed and sworn before me at:

Subscribed and sworn before me at:

City & State

City & State

Signature of Notary Public

Signature of Notary Public

Date commission expires

Date commission expires