

COMMUTER CHANGE OF STATUS REQUEST

Please note: This change of status may affect your student's financial aid package

_____ has parental/legal guardian permission to change their status
(Student's Name)
from Residential Student to Commuter beginning Fall Semester of 2009.

The address they will be commuting from is (the home address must be within a 30 mile radius of the college)

(Street) (City) (State) (Zip Code)

I _____ confirm that the above address is the home address of the
(Parent/Legal Guardian Name)
named student and that I am this student's parent/legal guardian.

Should the Office of Residence Life have any questions I may be reached at*

(Telephone Number)

(Parent/Legal Guardian Signature)

(Date)

*The Office of Residence Life will call to confirm your knowledge of this change in status by telephone before completing the request.