UW-WHITEWATER - UNIVERSITY HOUSING COMMUTER VERIFICATION FORM

The Board of Regents for the University of Wisconsin System has established the following policy: “Those freshmen and sophomore students (59 credits or less) who are not veterans, married, or living with parents or legal guardian, shall be required to live in a university-operated residence hall when such accommodations are available.”

Freshman and sophomore students who commute from their parents/guardians permanent place of residence can be given an exemption if it is within a 40 mile radius of the campus.

Name ___________________________________________________________________________________________________________

Student ID Number ____________________________ Birth Date _____________________________________________________________________________

Male _____ Female _____ Commuting For: Academic Year __________ / Spring __________ / Fall ___________

Address Commuting From _________________________________________________________________________________________
_________________________________________________________________________________________________________________

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

My signature (below) verifies that I am commuting from this address, that I am aware of the Board of Regents’ Residency Policy, am in compliance with the policy, and that I am aware that knowingly making a false statement, either orally or in writing, to any University employee on a University-related matter is a violation of the UW-System Administrative Code and may result in severe disciplinary action. I further certify that I will remain in compliance throughout the time period indicated above. I understand that I move from the above address without written permission from UW-Whitewater University Housing Office, that this commuter verification form will become null and void, that I will be in violation of the UW System Board of Regents’ Residency Policy, and that the University will take appropriate action.

Student’s Signature _____________________________________________________ Date _____________________________

NOTARIZATION OF PARENT/LEGAL GUARDIAN’S SIGNATURE

MY SIGNATURE VERIFIES THAT THE PERSON NAMED ABOVE RESIDES WITH ME AT MY PERMANENT PLACE OF RESIDENCE (ADDRESS LISTED ABOVE).

Parent/Legal Guardian’s Signature ____________________________ Date _____________________________

Notary Public’s Signature ____________________________________________

Date __________________________ Commission Expires _____________________________

Notary Public’s Seal must be embossed in this space 

Return this form by ______________ (to 200 Goodhue Hall, UW-Whitewater, Whitewater, WI 53190)