



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 will 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 _____