



# PRAIRIE VIEW A&M UNIVERSITY

## Department of Residence Life and Housing Services



### APPLICATION FOR COMMUTER STUDENT PERMIT

I understand that by submitting this request I may not be released from the requirement to pay the remaining rent due for the term of the lease agreement. I also agree to forfeiture of all prepaid reservation and or damage deposits paid for this school period, and that I will pay the daily rental rate already incurred during this school period.

Name: (Please Print)		SIDN:	Classification:	
Last Name	First Name MI	Student Identification Number		
Permanent Address:				
Street/P. O. Box (if used)		City	State	Zip
Local Address:				
Street/P. O. Box (if used)		City	State	Zip
Telephone No.: ( )				
A/C Permanent		A/C Local		

REASON(S) FOR APPLYING	DOCUMENTATION OF PROOF
1. Live at home with parent(s) or a legal guardian within 50 mile radius of campus	1. Identification showing permanent address and notarized letter from parent(s) or legal guardian if under age 18
2. I am a Military Veteran	2. Discharge: documents, e.g., DD214
3. Married	3. Marriage license
4. Graduate Student	4. Verification from Dean of Graduate School
5. Unable to acquire on-campus housing	5. University records and housing status reports
6. Participating in University off-campus assignment(s) or affiliations (i.e., Co-op, student teaching, etc.)	6. Proof of assignment or assignment letter from Dean

Student's Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT(S) OR GUARDIAN AUTHORIZATION REQUIRED IF UNDER 18 YEARS OF AGE**

I, \_\_\_\_\_, authorize my son/daughter \_\_\_\_\_

(Please Print) (Please Print)

Student SID No. \_\_\_\_\_, to reside off-campus beginning \_\_\_\_\_ and ending \_\_\_\_\_

Student Identification Number

Parent(s) or Guardian Signature \_\_\_\_\_ **Notary Stamp:**

*Must Have Notary Stamp if Student is Under Age 18*

**OFFICIAL USE ONLY**

CLEARANCE:	CONDITION:
_____ Date _____	<input type="checkbox"/> Student is Cleared
* General Manager, University Village (Upper Classmen)	<input type="checkbox"/> Student Owes \$ _____
	Rent/Damages
_____ Date _____	<input type="checkbox"/> Student is Cleared
*General Manager, University College (Freshmen)	<input type="checkbox"/> Student Owes \$ _____
	for _____
	Rent/Damages

**APPROVAL:**

\_\_\_\_\_ Date \_\_\_\_\_

Director of Financial Services

\_\_\_\_\_ Date \_\_\_\_\_

Director of Auxiliary Services

Student Financial Aid is not Affected

Student is subject to lose Aid for Housing

Bill based on Number days enrolled (meals & laundry)

Payment of \$ \_\_\_\_\_ was paid for rent from FA

The completed form will be routed to Residence Life by Auxiliary Services

\*Obtain this signature 1<sup>st</sup> then get signatures in the order that they appear.