

Date:

To: Office of Auxiliary Enterprise
Housing Exemption Request

I will be residing with _____ on a permanent basis
Name of Individual you will be residing with

while attending University of Louisiana Monroe. This residence is located at

_____ in _____, LA.
Address of Residence City

I understand that it is my responsibility to contact the Office of Auxiliary Enterprise should I relocate (full time or part time) to another address.

Student Signature CWID Date

Notary Signature/Seal/Number Date

We/I the parent/guardian of _____ acknowledge that

Our son/daughter listed above will be residing, on a permanent basis, with my/our

_____ while attending ULM.
Relationship

Parent/Guardian Signature Date

Notary Signature/Seal/Number Date