Parent–Close Relative Housing Exemption Request 2021-2022 Academic Year

**Columbus Campus**

Students who matriculate to The Ohio State University, Columbus campus during the same year they graduate from high school or one year post high school graduation (or educational equivalent) are required to sign a housing contract that is effective for two (2) full academic years, autumn through spring semester, or for such a portion of the academic year(s) as may remain at the time the contract is signed.

**ATI Campus**

Students who matriculate to The Ohio State University, ATI campus during the same academic year they graduate from high school (or educational equivalent) are required to sign a housing contract that is effective for one (1) full academic year, autumn through spring semester, or for such a portion of the academic year as may remain at the time the contract is signed.

Pursuant to the University Housing Regulation, students, whose actual local residence is within twenty-five miles of campus or who live with close relatives, as defined in the University Housing Regulation, may request an exemption from the aforementioned housing regulation prior to signing the housing contract. Students requesting exemption must register their address with the Housing Office.

**Instructions**

Please fill out the information listed on the below form, print it, and obtain the necessary signatures and certification. Once the form has been completed, you should then return your exemption request to the Housing Office by mail, fax, or email at the above address for review and/or approval.

**Due Date for 21-22 Academic Year**

If a student has a completed contract on file: **Received by June 1st, 2021**

You will be informed of the status of your request via e–mail, once your information has been reviewed and verified.

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<tr>
<th>Full Name (last, first):</th>
<th>OSU ID Number:</th>
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<tr>
<td><strong>OSU Username (name.#):</strong></td>
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<thead>
<tr>
<th>Current Address (street, city, state, zip code):</th>
<th>Date of Birth (mm/dd/yyyy):</th>
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<thead>
<tr>
<th>Phone Number:</th>
<th>High School Name and Graduation Date (mm/yyyy):</th>
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<Office of Student Life Logo>
OFFICE OF STUDENT LIFE
UNIVERSITY HOUSING

Parent–Close Relative Housing Exemption Request 2021-2022 Academic Year

Name of person with whom you will be living during the Academic Year (last, first)*:
________________________________________________________

Relationship of that person to student†:
☐ Parent/Guardian
☐ Grandparent
☐ Adult Aunt/Uncle‡
☐ Adult Sibling

Address during Academic Year (street, city, state, zip code):
________________________________________________________
________________________________________________________
________________________________________________________

Phone number during Academic Year:
_______________________________________________________________________________________

* Should a change in the registered address or person with whom the student will be living be made during the residency requirement period, consult with the Housing Office directly to determine exemption eligibility.
† Students may be asked to submit supporting legal documents, including, birth or marriage certificates, Household Register, etc., to confirm familial relationship. Students may also be asked for proof of address to ensure compliance.
‡ Aunt/Uncle is defined as the sibling of the student’s parent/guardian.

Acceptance and Verification:
The undersigned, being duly sworn, deposes and states under penalty of perjury that:

1. I am or will be a first or second-year student at The Ohio State University.
2. I am seeking an exemption to the University’s residency requirement and qualify for an exemption because I will reside with my parent/legal guardian/ grandparent/adult aunt or uncle, or adult sibling during the 2021-2022 academic year.

Student Signature: ____________________________________________ Student Printed Name: ____________________________________________

Person with Whom Student is Living Signature: ______________________________ Person with Whom the Student is Living Printed Name: ______________________________

Certification:
I am the parent/legal guardian of the student, and I certify that the above is true.

Parent/Legal Guardian Signature ____________________________________________ Parent/Legal Guardian Name Printed ______________________________

Sworn before me and subscribed in my presence on this _____ day of ___________, 20___

________________________________________________________ Notary Public

Office Use Only:
Date Received: __________________
☐ Notification emailed to student
☐ Approved ☐ Denied
Staff Initials: ___________________