

First Year Live-On Requirement Exemption Request Form

Name:			University ID Number:
Name:			University Email:
Address			Permanent Phone:
			Cell Phone:
City	_ State	Zip	County of Residence
I am requesting exemption from the University of Louisville housing requirement (not the Orientation overnight requirement) for first year students (see reverse for further information on exemption process). The specific qualifying factor is:			
counties during my fir	est year of en ncer, and Tri	rollment: Kentuc	ce of my parent(s) or legal guardian(s) within the following ky (Bullitt, Hardin, Henry, Jefferson, Meade, Nelson, andiana (Clark, Crawford, Floyd, Harrison, Perry, Scott,
Student Signature:			Date:
I certify that the student above will be living in my principle residence for the first full year of enrollment at the address below.			
Parent/Guardian Addr	ress:		
Parent/Guardian – Pri	nt Name:		Relationship:
Parent/Guardian – Sig	nature:		Date:

Failure to comply with the First Year Live-On Requirement and/or providing false or misleading information in connection with a request for exemption may result in room charges being assessed to the students account, a referral to the Office of Student Rights and Responsibilities, and/or cancellation of enrollment at the University of Louisville.

All decisions for an exemption request will be sent to the student's University email address.

For information regarding requests for exemptions, please contact the Campus Housing Office at (502) 852-6636, housing@louisville.edu, or visit the website at www.louisville.edu/housing.