



Park University On-Campus Residency Requirement:

All Park University students are required to live on campus unless they meet one of the following exemptions:

- I. You are living with a parent, legal guardian, or dependant children within 50 miles of Park; or,
- II. You are at least 21 years old or have completed at least 58 credits; or,
- III. You have an extenuating circumstance that required you to live off campus.

Individuals who demonstrate that they fall under articles I or II with supporting documentation will be granted exemptions upon the confirmed receipt of the records outlined above.

Individuals who apply for exemptions under article III will be approved or denied on a case-by-case basis.

Fulfilling the requirements for exemption will not constitute an automatic release from the residency requirement.

Failure to attain an approved exemption from the Park University Residence Life will result in semester housing charges being posted on the student's Park account. Additionally, any student that fails to complete the Commuter Information Form will be responsible for those charges unless the form is completed. Any student found to be providing false information on this form will be subject to University disciplinary action. All exemption decisions will be mailed within seven business days upon receipt of the request.

Office of Residence Life
8700 NW River Park Dr
Parkville, MO 64152
(816) 584-6463

Park University

Request for Off-Campus Living Housing Exemption Form



STUDENT INFORMATION

Please print or type all information

Last Name		First Name		Middle Initial	Park ID
Mailing Address - Number and Street			City	Zip Code	County Telephone #
Date of Birth	Age	Female/Male	Transfer	Completed Credits	Email Address

CERTIFICATION

You must complete one of the following sections to be considered for off campus approval

I	Living with parent or spouse	Last Name	First	Middle Initial	Relationship to Student	
		Permanent Address		City	Zip Code County	
		Telephone # (Home)	Telephone # (Work)	E-Mail Address		
		I certify that the above information is correct and my son/daughter/spouse will be residing at the above permanent home address which is within 50 miles of Park University. For verification of my address I have included a photocopy of a:				
		<input type="checkbox"/> Parent Driver's License; or, <input type="checkbox"/> Home Utility Bill <input type="checkbox"/> Marriage license				
Parent Signature (Required)			Date			

II	Age / Credits	I certify that I:			
		<input type="checkbox"/> am at least 21 years old. <input type="checkbox"/> have completed at least 58 credit hours			
Student Signature (Required)		Date			

III	Other	I certify that I have an extenuating circumstance for this request and I have attached the proper and valid documentation to support this claim.		
		Student Signature (Required)		Date

FOR UNIVERSITY OFFICIAL USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature	Date
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Mail this form and any attached documents to:

Residence Life, Box 125
Park University
8700 NW River Park Dr.
Parkville, MO 64152