UNIVERSITY OF PITTSBURGH AT TITUSVILLE
COMMUTER VERIFICATION FORM

SEMESTER ____________________

ALL COMMUTER STUDENTS MUST COMPLETE AND RETURN THIS FORM.

Name: ____________________________ Date of Birth: ______________________

Home Address: ________________________________ ______________________________________

________________________________________ ______________________________________

Home Phone: (__) ___________________ Cell Phone: (__) ______________________

_____ NO, I do not plan to reside on campus. If NO, explain reason in the space provided below. Students must be 21 years of age or older to reside off campus unless you are living with a parent or relative. For your home address, please list the address you will be living at while you are attending the University.

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____________________________  __________________
SIGNATURE  DATE

RETURN TO: University of Pittsburgh – Titusville
Attn: Student Affairs
504 East Main Street
Titusville, PA  16354

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THIS SECTION: OFFICE USE ONLY

Request for Exemption from On-Campus Housing:

Approved _________

Denied _________

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DIRECTOR OF STUDENT LIFE  DATE