

Immediate Family Off-Campus Living CONTRACT AGREEMENT

Student's Name: _____ Age: _____

Semester Applying for: _____ ID# _____

Student's Local Address (if different): _____

Student's Local Phone Number: _____ Cell: _____

Student's LU Email Address: _____

The following Immediate Family Contract must be signed and returned to the Office of Residence Life before approval will be granted to move off campus. Once permission has been granted to live off campus, information regarding your local residence and phone number must be reported through ASIST within seven (7) days of the beginning of the semester or within seven (7) days after being approved to move off campus. Once the Immediate Family Contract has been received, a phone call may be made to verify the information on the contract.

- If a student falsifies this information, he/she will automatically be required to move on campus and will receive appropriate discipline for deception.
- Students living off campus for any reason are responsible for all University policies contained in *The Liberty Way* and the *Off-Campus Living Handbook*.
- Is this relative 21 years of age or older? Yes No

Name of Immediate Family Member: _____

What is your relationship to the Immediate Family Member?: _____

Local Address of Immediate Family Member: _____

Local Phone Number of Immediate Family Member: _____

I, _____, understand that if the person I am living with moves away from the Lynchburg area and I do not meet the off campus requirements, I will be required to move back on campus the following semester until I am otherwise eligible to apply to move off campus. I attest that the information above is true to the best of my knowledge. If my local address or phone number changes, it is my responsibility to update these changes through ASIST within seven (7) days. If I receive 30 or more reprimands during a semester while living with my legal guardian, I will be required to move back on campus **immediately**.

Student's Signature

Date

Relative's Signature

Date

FOR OFFICE USE ONLY

Date Received: _____

Date Logged: _____