Sworn Statement of Commuting Status 2016-2017

In the event a student will be residing with a parent or legal guardian at their primary residence, that student may be eligible to live off campus. In order for a student’s off campus application to be considered under the Commuter exception, a sworn statement must be provided to the Office of Residence Life in addition to the Off Campus Application, and proof of address. Submitting this form does not constitute automatic approval to live off campus.

I, ________________________________, attest I am the parent or legal guardian of ________________________________, a student at Doane College, and I do hereby declare that I understand the College’s requirement that all students reside in on campus housing, unless such student proves his/her eligibility to live off-campus as stated in the Doane College Student Handbook.

I now hereby affirm that the above named student will reside with me with at my primary residence for the 2016-2017 school year. I verify that the information provided here is true and correct, and I understand that false or misleading information provided by me or the student shall be grounds for the student being charged for an on campus room, meal plan, and/or a significant fee. I also understand that all information provided is subject to verification and that additional information may be required by Doane Residence Life.

__________________________________________
Parent/Guardian’s Signature

__________________________________________
Parent/Guardian’s Name (please print)

__________________________________________
Telephone Number

__________________________________________
Date
State of Nebraska,

County of __________________________________________

Before me, ____________________________________________, on

Notary Public’s Name (please print)

this day personally appeared ____________________________________________, known to

Parent’s/Guardian’s Name (please print)

me (or proved to me on the oath of ________________________________ or through ____________________________________) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that the he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this __________ day of _______________, ________________:

Day  Month  Year

_____________________________________________________

Notary Public’s Signature