MARIAN UNIVERSITY

office Bonidaptinhand Greek mite

Housing Policy Exemption - Parent Verification Form

| (Print) Name: | | Student ID: | |
|---------------|---------------------|-------------|--|
| | | | |
| | | | |
| Name: | | | |
| Home Address: | | | |
| City: | State: IN Zip Code: | County: | |
| Phone Number: | Email Address: | | |

a. The student, if under the age of 21, will be living with the parent/legal guardian in the established family home at the address listed above.

b. The student will live at the address listed and will not maintain any ot0.47998 13.8 refå36.48 604.18 539.14 13.8 ref