

- C E R T I F I C A T E -

Complete this form if you are requesting exemption in order to live with and commute daily from the legal residence of your parent(s), grandparent(s), or legal guardian (legal documents required) within a 50 mile driving distance from Valdosta State University.

TO: Office of Housing and Residence Life

This is to certify that _____ is my

_____ and will be living with me and commuting daily to

Valdosta State University from my permanent, legal residence at:

(Address)

(City) (State) (Zip Code)

(home phone) _____ (work/day phone) _____

(Signature)

(Date)

FOR NOTARY USE ONLY