HOUSSST

HOUSING STATUS VERIFICATION FORM

___New student at the University         ___ Continuing student at the University

Student Name (Please Print)  Royal ID Number

In order to process your financial aid, this form must be completed to verify your housing status for the academic year. Please use the definitions below to complete the form:

Resident – living in a University of Scranton residence hall or University of Scranton owned off-campus building

Off-Campus – living away from parents’ home and not in a University owned building

Commuter – living at home with parents or with relatives

Please identify yourself as one of the above for each semester

Fall 2016 Semester  Spring 2017 Semester

If off-campus in either semester, you must provide your off-campus address below. This information will be submitted to the Registrar’s Office to update our system and will show as your LOCAL address. Any mail generated by The University will still be sent to your MAILING address.

If you do not submit this form within 2 weeks, your aid will be processed as a COMMUTER student.

___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

Student’s Signature  Date

Please return Completed form to:
The University of Scranton
Office of Financial Aid
Scranton, PA 18510
Phone: 570-941-7701
Fax: 570-941-4370
Email: finaid@scranton.edu