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 2019 Semester ___________________ Spring 2020 Semester ___________________

If off-campus in either semester, you must complete the back of this form. 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
STUDENT ADDRESS CORRECTION FORM

Please complete this form, sign it, and return it to:
Mailing Address: The University of Scranton
Office of the Registrar & Academic Services
800 Linden Street
Scranton, PA 18510-4684

Office Location: O’Hara Hall, Room 106 at 302 Jefferson Avenue

| Last Name: ______________________________ | First Name: ____________________ | MI___ |
| Royal ID#: ______________________________ | Class: □ 01 □ 02 □ 03 □ 04 □ G |
| School: □ CAS □ PCPS □ KSOM □ Non-degree | Effective Date: |
| | Month | Date | Year |

NEW ADDRESS:

□ (MA) Mailing Address
The permanent home address.

□ (LO) Current Student Address
The address where the student physically resides while attending classes.

□ (OR) Current Legal Address
The student’s current legal address.
International students – country of origin address.

NOTE: You must notify the University’s International Programs & Services Office in STT 5106 within 24 hours of your address change.

Street Address ________________________________________________________________

City ___________________________ State/Country_________ Zip ______________

County _________________________ Email ________________________________

Telephone Number: Home _________________________ Work ______________________

While you are taking courses at the University of Scranton, where are you physically residing?

□ Living in University-owned housing such as dorms or campus houses/apartments (D)

□ Living with my parent or legal guardian (L)

□ Living with relatives other than my parent or legal guardian (M)

□ Living in my own dwelling or renting a dwelling that is not University owned (O)

Student Signature ____________________________________________________________

Rev. 9/16