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 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
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:

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