Under penalty of falsification of Pacific University records, I believe the information provided is correct to the best of my knowledge. I understand that if this exemption is approved, I relinquish all university housing rights beginning the semester noted above. I am aware that I can learn more about this process on the Housing website.

Student Signature: _______________________________ Date: ________________

Residency Options Committee Chair Use Only:

☐ APPROVED   ☐ DENIED

Signed: _______________________________ Date: ________________

Residency Options Committee Chair