

COMMUTER REQUEST

This is to certify that I will be residing at the home of my parents, guardian or relative (please specify) and commuting to school for the _____ (term or school year). I understand that if I do not reside at this address during this time, that my housing contract with the Department of University Housing will be reinstated effective the date I was released.

I certify that the information I am providing is true and accurate. I fully understand that disciplinary action will be taken through the Department of Judicial Affairs if I falsify information.

Student Name **Student ID Number**

Parent/Guardian Signature **Date**

I will reside at the following address:

Street

City **State / Zip Code**

Phone

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE:

The University of Tennessee
Department of University Housing
Attention: Timothy L. Johnson
405 Student Services Building
Knoxville, Tennessee 37996-0241
Fax 865-974-1420