



# Residence Hall Contract Release Commute Request Supplement

This form is part of the required documentation for the Residence Hall Contract Release category "**Release to Commute (exceptional circumstances)**".

NOTE: Commuting distance is defined as no farther than 50 miles.

**Commute from home of parent or legal guardian\***: Signature of parent or legal guardian verifying that the student will be commuting from the permanent home address, and an explanation from the student of what has changed since the student signed the current Residence Hall Contract that now causes the need to commute.

**Commute from the home of another adult family member**: Letter from parent or legal guardian explaining why this other location is necessary, and an explanation from the student of what has changed since the student signed the current Residence Hall Contract that now causes the need to commute.

---

**Applicable academic year or semester:**

Academic year \_\_\_\_\_

Fall Semester Only \_\_\_\_\_ (year)

Spring Semester Only \_\_\_\_\_ (year)

---

**Student Information:**

\_\_\_\_\_ NIU Z ID # \_\_\_\_\_ Student's  
First Name Middle Initial Last Name

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Commuting Residence Clarification**

Parent or  \*Guardian \_\_\_\_\_ First  
Name Middle Initial Last Name

Relationship to the student \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Approximate distance from DeKalb \_\_\_\_\_ Approximate travel time each way \_\_\_\_\_

\_\_\_\_\_  
Primary Contact Phone #

\_\_\_\_\_  
Alternate Contact Phone #

\* Court documentation clarifying legal guardianship may be requested.

**This section needs to be completed by the parent or guardian and notarized.**

I hereby certify that my student, \_\_\_\_\_,  
(Student's Name)

will be living at our home residence at \_\_\_\_\_,  
(Parent's or Guardian's Address)

for the entire academic year and will commute directly from this residence to Northern Illinois University on each of his/her class days. He/She will not maintain a subsidiary residence away from our home at any time during the current academic year.

I agree to notify Housing & Dining in writing within five days of any change in my student's residence status as specified in this document. I understand that within five days after such a notification, my student will be required to move into a university residence hall. I further understand if it is discovered, without such notification, that my student has not been following the commuting residence definition, as indicated in paragraph one, that he/she will be subject to appropriate university disciplinary and/or administrative action and will have charges for a residence hall contract sent immediately to their NIU Bursar's account.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Return this form to:**

Housing and Residential Services  
101 East Neptune Hall  
Northern Illinois University  
DeKalb, Illinois 60115  
Attention: Request to Commute  
Fax (815)753-9669

**Or by email:**

[housing@niu.edu](mailto:housing@niu.edu)