



2021-2022
RESIDING WITH RELATIVE VERIFICATION FORM
(This form must be notarized and expires at the end of this academic year and is used to confirm that a student is complying with campus housing policy)
This form is due prior to drop/add of the applicable semester.

I.D. #: _____ Date of Birth: _____ Contact Phone: _____
Month/Day/Year

Name: _____
First Last Middle

Commuting Address: _____
Number Street City State Zip

Please complete the information under the appropriate relationship between student and family

PARENT/LEGAL GUARDIAN CONFIRMATION:

I confirm that my son/daughter named above will be living with me at the address above during the 2021-2022 academic year and will not reside elsewhere at any time. I acknowledge that I reside at the above address at least 50% of the year and have not purchased or leased this property so that my son/daughter appears to be living at home.

Parent/Guardian's signature _____ Date _____
 Please Check: Father ___ Mother ___ Guardian* ___
 Parent/Guardian's Name (please print) _____ **OR** _____
*Documentation required for legal guardianship

RELATIVE CONFIRMATION:

I confirm that I am 22 years old or older and that the student named above will be living with me at the address above during the 2021-2022 academic year and will not reside elsewhere at any time. I acknowledge that I reside at the above address at least 50% of the year.

Relative's Signature _____ Date _____
 Relative's Name (please print) _____ Relationship _____
Step sibling arrangements pending Student Life interview

NOTARY PUBLIC for Signature of Parent/Guardian/Relative:

(Must be notarized in the county in which the student resides with the parent/legal guardian or relative)
 Notary: Please verify that the address on the identification matches the address on this form

STATE OF FLORIDA, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____.

By _____
Name of parent/guardian/relative

Signature of Notary Public _____ Name of Notary Public

Identification of parent/guardian/relative made via:

Personally known _____ Produced Florida identification _____
Type of identification produced

STUDENT CONFIRMATION:

To the best of my knowledge I declare that the above information is correct. If any of the above information changes, I will contact the SEU Student Housing Office immediately. **I understand that moving out of the above address may require that I move on campus.** *(See Student Handbook for more information concerning SEU campus housing policy)*

Student's Signature _____ Date

Please return original, signed copy to: Southeastern University Student Housing, 1000 Longfellow Blvd., Lakeland, Florida 33801
 The Housing office will notify student by SEU email to confirm receipt of this form.