Clark Atlanta University
Department of Housing and Residence Life

Required Housing Exemption Form
(Please Print)

Student Name ____________________________________________________________________

Student ID ___________________________ Birthday_____________________

Name of Parent(s) _________________________________________________________________

Mailing Address __________________________________________________________________

City __________________________________________ State ____________ Zip _____________

Phone numbers:          Home___________________________ Cell _________________________

Student E-mail address ____________________________________________________________

I am requesting exemption from the Clark Atlanta University on-campus housing requirement for the
following reason (select the appropriate response):

☐ I have demonstrated financial hardship. (Office of Student Financial Aid will be contacted.)

☐ I have children or dependents for whose care I am responsible. (Provide copy of birth certificate or
court orders supporting guardianship.)

☐ I am married or involved in a domestic partnership where we share a permanent residence (Provide
copy of marriage certificate or notarized letter supporting shared residence.).

☐ I have a medical condition that requires special living accommodations or I am a caregiver of
someone with a medical condition that requires special living accommodations.

☐ I will be 24+ years of age on or before August 1.

☐ I am employed full-time. (Provide notarized letter from employer supporting full-time employment.)

☐ I want to meet with the Assistant Director of Housing and Residence Life in regard to
my appeal.

☐ I do not want to meet with the Assistant Director of Housing and Residence Life in
regard to my appeal.

My signature indicates that I understand that the Assistant Director of Housing and Residence Life or designee must
receive the exemption form and all supporting documentation no later than June 15. It also indicates that I understand that
failure to complete the on-campus housing requirement or providing false or misleading information to the Department of
Housing and Residence Life to receive an exemption from the on-campus housing requirement may result in cancellation
of registration privileges and/or revocation of acceptance to Clark Atlanta University.

_______________________________________________________               ____________________________
Student Signature                                                                                         Date

_______________________________________________________                   ____________________________
Parent/Guardian/Guarantor Signature (if student is under 18 years of age) Date