



Office of Housing & Residential Life  
 Webster University  
**Residency Exemption Request Form**  
**Commutable Distance Supplemental Documentation**

**Full Name (Printed)** \_\_\_\_\_

**Student ID #** \_\_\_\_\_

**Student Type:**  First-Time Freshman  
 International Transfer Student

**Semester Exemption would start:** Fall / Spring \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone #:** (\_\_\_\_\_) \_\_\_\_\_

**TO BE COMPLETED IN PRESENCE OF NOTARY PUBLIC**

To whom it may concern:

Please be advised that my student, \_\_\_\_\_ (Webster Student ID # \_\_\_\_\_) plans to live with me, their parent/active legal guardian<sup>1</sup>, at the address below for the \_\_\_\_\_ academic year and commute to and from campus daily.

\_\_\_\_\_  
 (printed name)

\_\_\_\_\_  
 (signature)

Address Number and Street                      Apt #                      City                      State      Zip Code

**FOR NOTARY USE ONLY:**

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge that they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
 (signature)

**Notary Public**

**Printed Name:** \_\_\_\_\_



**My commission expires:** \_\_\_\_\_

<sup>1</sup> Defined as someone who currently has court-appointed authority to act in the capacity of a guardian

**Submit this form to:**  
**OFFICE OF HOUSING AND RESIDENTIAL LIFE**  
 240 Edgar Rd | Saint Louis, MO 63119  
 (314) 246-4663 (phone) | (314-246-4664 (fax) | housing@webster.edu