

COMMUTING FORM

Deadline: 14 Days prior to first day of class

ONE CARD OFFICE: 318.357.5131 - FAX: 318.357.5279
 NORTHWESTERN STATE UNIVERSITY - NATCHITOCHES, LA 71497

PARENTS: PLEASE READ BEFORE SIGNING: *Signing this form indicates the parent and student understand that students may NOT live anywhere other than with their parents in their permanent residence. "Commuting" means student is commuting from parents' home on a daily basis (not just occasionally). Parents' or legal guardian's permanent residence must be in one of the parishes listed below. **PLEASE NOTE** that falsification of information will subject the student to a charge equal to room and board payment and to disciplinary action by the university discipline committee. **Exemption approval does not cancel your lease with University Columns/University Place. You must contact them prior to submitting this form to the University. This form must be filled out prior to each Fall semester.***

I certify that my son/daughter (name) _____ I.D. # _____, (date of birth) _____ will be residing with me at my permanent residence and will commute daily to class at Northwestern State University beginning _____ (semester).

Total # of Hours to date: _____

If my son's/daughter's living arrangements change during the remainder of the academic year, the One Card office will be notified.

Signature of Parent

Signature of Student

Street Address

Parish of Residence

City State zip

Student's email address

Parent contact number

Alternate contact number

Student's cell phone number

Commuting forms will be accepted for students living with their parents (at their parents' or legal guardian's permanent residence) and commuting from one of the parishes listed below. Students commuting from outside these parishes must submit an off-campus application through the One Card Office.

Bienville	Caddo	Natchitoches	Red River	Vernon
Bossier	Grant	Rapides	Sabine	Winn

Notary seal or stamp is required and must be completely legible or form will be voided. (If the notary's signature is not legible, Notary Public should print name below.) Original form must be submitted to the One Card Office.

I, (notary public) _____, certify that (parent) _____ came before me, duly commissioned notary for _____ parish of the state of Louisiana, on _____ date of _____, 20_____.

Notary Public

Printed Name of Notary

S E A L

Assistant Director of Auxiliary Services or its Designee

Date