

you take regularly. We keep this information confidential, but it may be shared with medical personnel if you are injured or require medical treatment.

Documentation from a health care provider must accompany any requests for special accommodations at the time of application.

Medical Information:

I am requesting approval to live off campus because:
(Please check one and provide the appropriate documentation)

<p><input type="checkbox"/> I am a student who is 24 years of age- Records will be checked with the Registers' Office.</p> <p><input type="checkbox"/> I am a student who is a 5th year senior- Records will be checked with the Registrar's Office.</p> <p><input type="checkbox"/> I am student who is married – Please attach a copy of your marriage certificate.</p> <p><input type="checkbox"/> I am a student who is with child or has children – Please attach a copy of your child's full birth certificate or physician's notice.</p> <p><input type="checkbox"/> I am a student who will be living in the Triad Area and will be commuting to campus. – Please attach a letter from your parent or guardian explaining why you are requesting to live off campus and verifying the physical address where you will be residing. A day and evening telephone number must be included. (For students 17 years or under ONLY!)</p> <p><input type="checkbox"/> Other- Please attach a signed letter, and any other relevant documentation, explaining why you are requesting approval to live-off campus.</p>

When submitting this form I understand that commuter students are held to all standards stated in the Bennett College Belle Handbook and Bennett College Honor Code.

Student's Printed Name	Student ID Number	Date
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Student's Signature	Date
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Parent/Guardian Signature <i>Required if student is under 18 years of age at the time of application)</i>	Date
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Fax To: (336)517-2202
Email To: campuslife@bennett.edu