Aid Year: _____

Housing Status Rel[illegible]

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Student Name _____ Z _____ Student Z Number _____ FAU Email Address

Address _____ Telephone

Check the boxes below that describe your housing change. By submitting this form, you are requesting the housing plans you originally indicated on your FAFSA for the following term(s) be revised to the housing plan below.

REQUESTING HOUSING CHANGE FOR: ☐ **Fall** _____ ☐ **Spring** _____ ☐ **Summer** _____

☐ I **WILL NOT** be living with my parents and instead:

- ☐ I will be living in a FAU Residence Hall
- ☐ I will be living Off Campus

☐ I **WILL** be living with my parents.

Student Signature _____ Date _____