

## **Parent/Guardian Verification Form**

I certify that the student named will be residing in my home, within a 25 mile radius of Alma College and will be commuting to campus. This is the permanent home mailing address of the student and myself. I understand that Residence Life representatives may contact me to verify this information. Should our home address change, I understand that we are required to alert the Residence Life Office of the change.

Student Name:

Parent/guardian Name:

Relation to Student:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Email:

Cell phone:

Home phone:

Email:

I verify that my home is within 25 miles of Alma College and that the student named above will be residing at home with me for the duration of the semester.

Signature:

Date: