

Student Name (please print)	
_____	_____
Last Name	First Name
_____	_____
Academic Year	Student ID #

HOUSING AGREEMENT PARENT/GUARDIAN* SIGNATURE FORM FOR STUDENTS UNDER 18

Students are accountable for adhering to all policies and regulations listed in College publications. These publications include, but are not limited to, the College Catalog, "Conditions of the Housing Agreement," the Residential Life webpage www.lycoming.edu/reslife, the Student Handbook, and other College publications. Failure to abide by these policies and regulations shall be considered a breach of this Agreement. The College reserves and shall have the right to terminate this Agreement upon such a breach. If the College terminates the Agreement, student occupancy will be terminated and you will be required to move out of the residential halls. There will be no refund of room rent. The College reserves the right at any time and from time to time to make changes in rates, assignments, and conditions of the Housing Agreement as necessary. This Agreement is for the entire academic year.

I hereby acknowledge that I have read and understand the terms and obligations as listed above and within the Conditions of the Housing Agreement and agree to be bound by the provisions of the same. I also understand that my name, address, and telephone number will be made available to my assigned roommate(s) in Residence.

IN WITNESS WHEREOF the parties hereto executed this agreement as of the _____ day of _____, 202__.

Signature of Student*

Signature of Parent or Guardian*

(*Signature of both student and parent/guardian are required *only if* student is under 18 years of age at time of completion of Housing Agreement. By signing this, parent(s)/guardian(s) assume responsibility for abiding by the Agreement.)

Please mail or email completed and signed form to:

**Office of Residential Life
Lycoming College
Campus Box 146, 1 College Place
Williamsport, PA 17701
reslife@lycoming.edu**

Attn: Director of Residential Life