

**CONFIRMATION OF JOHN CARROLL UNIVERSITY COMMUTER STUDENT RESIDENTIAL  
ARRANGEMENTS FOR THE 2025-2026 ACADEMIC YEAR**

Student Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

We, the undersigned, understand the John Carroll University Residency Requirement as stated:

*All entering Students who are not non-traditional Students as defined by JCU, need to declare their status as a resident or commuter through the Enrollment Reservation Form sent by JCU as part of the admissions process. This policy also applies to those who transfer into JCU as traditional Students. Commuting is defined as living exclusively in the permanent and primary residence of a parent or legal guardian, which must be located within 35 miles of the John Carroll University campus.*

*Resident Students who entered JCU in the fall semester of 2022 and spring semester of 2023 are required to live in university-sponsored housing during their first three years. Resident Students who entered JCU in the fall semester of 2023 or later are required to live in university-sponsored housing for their first four years.*

We verify that the above-named student will be residing at the address noted below for the 2025- 2026 academic year. We also verify that the address provided is the permanent and primary residence of the parent or legal guardian located within 35 miles of the John Carroll University campus.

Address where student will be residing: \_\_\_\_\_  
\_\_\_\_\_

We understand that it is the student's responsibility to contact the Office of Residence Life promptly if their living situation changes and they no longer meet the requirements for commuting. If the above named student is determined by the University to be residing elsewhere during the 2025-2026 academic year the student will be found in violation of the University's Community Standards, specifically;

*Knowingly furnishing false identification to the University. Misrepresenting information about oneself or others when providing information to University officials acting in the performance of their duties.*

The Undersigned acknowledges that the University may require proof of residency and agrees to furnish any documentation or information requested by the University for residency verification purposes. If found in violation of the residency requirements, the University may take disciplinary action, including but not limited to, the imposition of University Probation and the full amount of applicable housing charges for that year will be charged to the student's bill based on the current housing rate.

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT CERTIFICATE**

State of Ohio, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ (print date)  
by:

\_\_\_\_\_ (print student name) and \_\_\_\_\_ (print  
parent/guardian name).

(Stamp/Emboss Notary Seal)

\_\_\_\_\_

Signature of Notary Public – State of Ohio

My commission expires: \_\_\_\_\_