

OFFICE OF STUDENT LIFE

**Community Students** 

Student				
Ι,	hereby verify that I am 1	hereby verify that I am living at home with my parents/guardian.		
(Please Print)				
I understand that if this idesciplinary action	information is proven not to be hor	nes or correct, I will be sub	ject to immediate	
Signature		Date		
orginiture		Date		
	dian of the Studer	1t		
I,(Please print)	, Parent/guardian of	(Please print)	, hereby	
certify that the above sta	tement is true.			
Signature		Date		