

Return Form to:
West Texas A&M University
The Office of Residential Living
WTAMU Box 60878
Canyon, TX 79016-0001
Phone: (806) 651-3000/Fax: (806) 651-3010

<u>For Office Use Only</u>		
Approved _____	Not Approved _____	
Date _____	Initials _____	Code _____

**RESIDENTIAL LIVING
MEALS WITH PARENTS FORM**

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected by this form.

All students, under the age of 21, residing in on-campus housing are required to purchase a University meal plan until the student has accumulated 45 semester hours.

Exceptions to this requirement may be made for those students who will be eating the majority of their meals in the established legal residence of his/her parent (which is no more than 50 miles from campus) while attending West Texas A&M University. To qualify for this exemption, the student and parent must complete this form and sign it in front of a Notary Public or Residential Living Staff Member and return it to the Office of Residential Living at the address listed above no later than the 20th class day. After the 20th class day, no exemptions will be approved. Students who are approved for this exemption are eligible to purchase the 75 meal plan or may choose to have no meal plan.

(Please Print or Type) Semester(s)/Year(s) I am applying for: Fall 20__ / Spring 20__

Student's Name: _____ Buff ID: _____

Name of Parent: _____

Address: _____ Apt. : _____ City: _____ State: _____ Zip: _____

Parent's Phone: () _____ WTEmail Address: _____

NOTE: Before a meal plan is assigned, changed, or cancelled, a student must complete a **Meal Plan Agreement Form**.

Meal plan agreement forms are available at the Residential Living Office.

I understand that this is a sworn statement to the State of Texas and affirm that all the information herein and attached is correct and factual to the best of my ability. I also understand that if this exemption request is not granted or is revoked, **I will be responsible for charges to my University account for a room and/or meals.** Any form of misrepresentation on this form may constitute "Falsification of Records" which is a violation of University rules and is punishable through the University's judicial system.

The above named student will be eating at my permanent legal address listed above.

I will be eating with the parent listed above at the permanent legal address listed above.

Parent's Signature

Student's Signature

Date

Date

Subscribed and sworn before me at _____
City and State

on this day of _____ 20 _____

NOTARY SEAL

Signature of Notary Public

Date Commission Expires

This form is applicable for one (1) academic year only. The student must re-apply prior to each fall semester if under the requirement.