

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

<b><u>For Office Use Only</u></b>		
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 a reasonable distance 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 20<sup>th</sup> class day. After the 20<sup>th</sup> class day, no exemptions will be approved.

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(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.**