UNIVERSITY OF ILLINOIS AT SPRINGFIELD

Department of Residence Life Homer L. Butler Commons, Room 14 One University Plaza, MS HBC 1 Springfield, Illinois 62703-5407

UNDER 18 CONSENT FORM

If you are under the age of 18 before move-in day and you wish to sign a University Housing Contract for the academic year, you will need to obtain a co-signature from a parent or legal guardian. (This parent/guardian signature is void if the student chooses not to sign a contract).

If you plan to sign a University Housing Contract, contact your parent/guardian and ask them to complete the form below. Your parent/guardian must sign below and mail or email this to the Central Office of the Department of Residence Life at the address below.

STUDENT'S LAST NAME	(Please Print)	STUDENT'S FIRST NAME
UNIVERSITY ID NUMBER (UIN))	
Please indicate applied term:		
FallSpring		
Please indicate applied year:		
SECTION FOR PARENTAL CO	SIGNATURE:	
	ee to pay the academic year rate	ound by the Terms and Conditions of the established by the Board of Trustees of the ne above student is assigned.
PARENTAL SIGNATURE:		DATE:
Please email or mail this signed page b	ack to the Central Office of the De	partment of Residence Life.
Email: reslife@uis.edu		
Mail: Department of Residence Life		
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