

Double Room Waiver for Children of Western Illinois University Employee

Academic Year or Semester for which request is made:

[] AY _____ Yrs OR [] Fall _____ Yr OR [] Spring _____ Yr

Student Name: _____ Birthdate: _____ WIU ID#: _____

Student Campus Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Student Permanent Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

STUDENT CERTIFICATION OF REGISTRATION COMPLIANCE & ACKNOWLEDGMENT OF POLICIES

DOUBLE ROOM WAIVER BENEFIT UTILIZATION RECORD

Instructions: The following information must be completed by the student, certified by the department responsible for monitoring academic record(s).

Semesters previously awarded the Double Room Waiver

| Semester/Year | Semester/Year | Semester/Year | Semester/Year |
|---------------|---------------|---------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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v 6WXGHQWV ZK R X W Z D L Y H U E H I R W H S X O B B H V W Q R W D S S O L F D E O H I R U V X P P H U
 v 6WXGHQWV ZK R X W L O L J H W K H Z D L Y H U X S O B B H V W Q R W D S S O L F D E O H I R U V X P P H U

For HR Office Use Only

Verification: _____ Relationship _____ Selective Service _____

Double room waiver benefit utilization record confirmation: In accordance with institutional standards for double room waiver benefit utilization, the record outlined above is correct.

Name _____
 Authorized signature of records confirmation: Human Resources

Date _____

PARENT'S DISCLOSURE/CERTIFICATION OF WESTERN ILLINOIS UNIVERSITY EMPLOYMENT
Instructions: