ON-CAMPUS HOUSING WAIVER REQUEST FOR ACCESS STUDENTS

Center’s Position on ACCESS Residences:
Living in the ACCESS International LLC will provide you with the most complete first-year educational experience. International students are most successful when living on-campus where they have access to resources to help them to succeed twenty-four hours a day, seven days a week. Therefore, participation in the Living-Learning Community is generally required. ACCESS students desiring to live off-campus during the freshman year must notify and obtain permission from the Living Learning Community Coordinator. This process is designed to ensure that ACCESS students have adequate travel to campus and support outside the classroom to ensure their academic success while minimizing non-academic distractions.

If you intend to live off-campus, please complete all the information below to be approved by the ACCESS LLC Coordinator.

1. Name: ________________________________________________ G#: ______________________________

2. Address of Off-Campus Residence During ACCESS year:
____________________________________________________
____________________________________________________

3. Who will you be living with at this address?
   ☐ - Parent/Guardian      ☐ - Spouse      ☐ - Other (please explain): _______________________________

   Please list the Name and Phone Number of the Head of Household at this residence:
   __________________________________________________

4. Please read and sign your initials beside each of the following statements below:
   ___ a) I understand that I will only receive this waiver if I plan to live with a spouse or guardian. I also understand that if the waiver is granted, I am strongly encouraged to live within one mile of the campus and/or have a car.

   ___ b) I understand that I am expected to be in class on time and attend all mandatory CISA activities on time, regardless of external conditions, such as traffic and finding parking. It is my responsibility to take these conditions into consideration and arrive on campus before I am expected to be there to avoid such delays.

   ___ c) I understand that some activities and/or classes will occur in the residence hall (currently Hampton Roads), which restricts access to students who live there. Therefore, I will need to arrive 15 minutes before I am expected to be at any activity there and will wait for someone to let me into the building.

   ___ d) I understand that CISA requires me to sign a release allowing them to contact my guardian, spouse, or embassy if needed.
e) I understand that if the waiver request is not approved, that I will be required to live on campus if I would like to enroll in the ACCESS Program at Mason, and that the program director will inform me of this approval directly by email or in person.

5. **Honor Code Statement:** I do promise that all the information I have submitted in this form is true, honest, and correct to the best of my knowledge. I also understand that the university Honor Code is in effect on this document which states: “Student members of the George Mason University community pledge not to cheat, plagiarize, steal, or lie in matters related to academic work.”

___________________________________________    ____________________________________
Student Signature       Date

**ACCESS LLC COODINATOR APPROVAL (for office use only):**

Comments:

The student mentioned above has been approved to live off-campus during the ACCESS year.

___________________________________________    ____________________________________
Living Learning Community Coordinator       Date
Disclosure of Personal Contact Information

The Federal Family Educational Rights and Privacy Act of 1974 (FERPA), also known as the Buckley Amendment, prohibits the Center for International Student Access to release any student information without prior written consent of the student. Therefore, if you (student) wish for the Center for International Student Access to only discuss your financial aid award and/or status with any person(s) or organization(s), you must complete and return this Disclosure of Personal Contact Information form to our office.

Student’s Authorization to Release Personal Contact Information

I, _________________________________, authorize the Center for International Student Access at George Mason University to disclose information regarding my financial aid award and/or student status to the following person(s) and/or organization(s):

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<thead>
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<th>Person/Organization Name</th>
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I understand that this disclosure of information will be in effect until I provide a statement revoking authorization or I cease to be a student at George Mason University. I also understand that a signed and dated statement must be submitted to the Center for International Student Access for this release of information to be terminated for any party or parties previously authorized.

______________________________  ______________________
Student’s Signature             Date

______________________________  ______________________
Printed Name                   G#