

GREEK ON-CAMPUS RESIDENCY REQUIREMENT COMPLIANCE REQUEST

332 Nebraska Union / P.O. Box 880458 / Lincoln, NE 68588-0458 / (402) 472-2582 / FAX (402) 472-1700 / unl.edu/greek

IF YOU ARE PLANNING TO LIVE IN A FRATERNITY HOUSE, PLEASE FILL THIS FORM OUT **COMPLETELY**, & MAIL IT TO THE OFFICE OF GREEK AFFAIRS AT THE ADDRESS LISTED ABOVE NO LATER THAN **AUGUST 1**. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS. TO FILL THIS FORM OUT, CLICK ON THE SHADED AREAS & BEGIN TYPING. PRINT IT ONCE YOU'VE FINISHED.

Last Name	First Name	M.I.
Date of Birth	NU ID	Cell Phone
Current Address	City	State ZIP Code
Permanent Address	City	State ZIP Code
		Current Phone
		Permanent Phone



[Option 2] Residing in Other University-Approved Housing

This Includes Fraternities, Sororities or Approved Cooperatives.

Name of Greek Fraternity

Signature of Authorized Representative

Parent/ Guardian Last Name	First Name	M.I.
Parent/ Guardian Address	City	State ZIP Code
		Parent/ Guardian Phone

Student Signature

Date

Parent Signature

Date

FOR OFFICE USE ONLY	
APPROVED BY	DATE RECEIVED
COMMENTS	DATE APPROVED

The University of Nebraska—Lincoln does not discriminate based on gender, age, disability, race, color religion, marital status, veteran's status, national or ethnic origin, or sexual orientation.

