

**Request for Verification of Residency**

Please allow 3-5 business days for your request to be processed.

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SJSU ID#: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Delivery Method:**

**Contact me by:** (Please circle one) **EMAIL**      **CELL PHONE**

**FAX TO:** (Please indicate who you authorize UHS to release the information to)

**Individual Name or Business:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

*By initialing, I understand that San Jose State University Housing Services is not responsible if the fax is not received by the intended party.*

**Requestor:** \_\_\_\_\_

**MAIL:**

**Mail to:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Requestor Signature

Date

Internal Use Only:

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Request Completed: \_\_\_\_\_