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## **RESIDENCE LIFE**

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## > LONG TERM (30 DAYS OR MORE) SUMMER RESIDENCE APPLICATION

PLEASE NOTE: SUMMER RESIDENCE IS AVAILABLE FROM MAY 6 TO AUGUST 15. Individual students under the age of 18 will not be accepted into residence without proof of registration at Lethbridge College for the summer term. REQUESTED ARRIVAL DATE: DEPARTURE DATE: **IDENTIFICATION INFORMATION (PLEASE PRINT CLEARLY):** Last Name: Middle Initial: Have you lived in residence or attened at classes at Lethbridge College before: O Yes O No Lethbridge College Student ID#: s..... City: ..... Address: Province: \_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_ Birthday (YY/MM/DD): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email Address: ROOM TYPE: O Individual - Please choose: O Single Suite (1 queen bed, private bathroom, kitchenette) O Two-Bedroom Suite - no roommates, access to one bedroom only (twin XL bed, bathroom, full kitchen) Shared Suite - 1-3 roommates (twin bed, shared bathroom, kitchen, living room) Family (conditions apply) - Please indicate how many family members: ..... ARE YOU A STUDENT IN ANY POST-SECONDARY INSTITUTION? O Yes O No \$50 NON-REFUNDABLE APPLICATION FEE: O Cash O Debit O Cheque O Mastercard O Visa **CREDIT CARD INFORMATION** (IF APPLICABLE): Name (as it appears on card): Credit Card Number: Expiry Date: Cardholder Signature: CVV: SIGNATURE OF APPLICANT: DATE: APPLICANTS WILL BE CONTACTED WITHIN 5 BUSINESS DAYS OF RECEIPT OF THIS APPLICATION. FOR OFFICE USE ONLY

personal information collected on this form is collected under the authority of subsection 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for the purpose of ensuring the safety of residents and their guests and to ensure compliance with residence contracts and College policies. It may be used and disclosed to other College departments and employees for this purpose or for a use consistent with this purpose. Please direct questions about the collection, use, disclosure or protection of the personal information being collected on this form to the college's FOIP Coordinator by phoning (403) 320-3361,

Rent: ...... Confirmed: ......