



Residential Life

MARRIED/DOMESTIC PARTNERSHIP CONTRACT

Pacific Lutheran University ♦ 2011-2012

For students assigned to live together in a recognized partnership

PLU Student Name: _____
First Name *Last Name*

PLU ID #: _____

Spouse/Partner's Name: _____
First Name *Last Name*

Social Security (or PLU ID) #: _____

The following is should be completed by spouse/partner of the primary applicant.

I understand and agree that I am applying for and being permitted to reside in PLU housing solely by virtue of my marriage/domestic partnership to the PLU student identified in this Agreement (hereinafter "my Partner"). I further understand and agree that my Partner's housing agreement with PLU is incidental to our Partnership and my partner's status as a currently enrolled student at PLU in good standing.

As a result, I understand and agree that, upon occurrence of any of the following, without limitation, I may be required to immediately vacate PLU student housing without notice.

- At the request of my Partner;
- Change in marital or partnership status;
- Expulsion, suspension or other change in my Partner's status as a currently enrolled student at PLU in good standing;
- Violation of any federal state or local law, or any rule or policy of PLU, as determined by PLU's Student Conduct System. In consideration for my being permitted to reside in PLU Housing, I hereby:
 - Agree to abide by PLU's rules and policies (including without limitation the South Hall student housing guide and the student code of conduct which are hereby incorporated by reference) as currently stated or as may be amended during my Partner's residence in South Hall; and
 - Subject myself to the jurisdiction of PLU's Student Conduct System for the purpose of a determination of whether I have violated any University Rule or Policy.
- Any other reason, determined in the sole discretion of PLU, for which it is determined that my residence on the PLU campus is not in the best interest of PLU.

Partner of Primary Applicant Signature: _____ Date: _____

Primary Applicant Signature: _____ Date: _____

Residential Life Signature: _____ Date: _____

Please complete the reverse if spouse/partner does not have an active PLU Identification Card.

MARRIED/DOMESTIC PARTNERSHIP CARD REQUEST

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The following information should be completed by the spouse/partner for the creation of a PLU identification and access card.

Spouse/Partner's Name:

_____ *First Name* _____ *Last Name* _____ *MI*

Social Security (or PLU ID) #: _____

Date of Birth: _____

Permanent Address (non-PLU):

Street: _____

City: _____ **State:** _____ **Zip:** _____

Permanent Phone Number: _____