

<u>Assistant Director of Residence Life</u>	<b>Approved</b>	<b>Not Approved</b>	<u>Date</u>
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**Duquesne University**  
**CAMPUS RESIDENCY WAIVER NOTARIZATION FORM**

State/Commonwealth of \_\_\_\_\_ )  
County of \_\_\_\_\_ )      **SS**

Before me, a Notary Public in said County and Commonwealth, personally appeared \_\_\_\_\_, to me known to be the person whose name is subscribed to the foregoing acknowledgement and duly acknowledged that the executed same as and for his/her free act and deed and desires that the same be recorded as such.

WITNESS my hand and Notarial Seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public**