

MILLIKIN UNIVERSITY_®

OFFICE OF CAMPUS LIFE 2025-2026

1184 West Main Street Decatur, Illinois 62522 3 217.362.6410 8 844.273.5266 www.millikin.edu

COMMUTER FORM

* **Commuting i**s defined as living within a **40 mile radius** from campus and living with the student's parent or legal guardian at *THEIR* permanent home address.

* Students must get a Commuter Parking Pass from Public Safety.

* Students must validate their University address as listed below.

I confirm that (student's name) _____ (ID Number) _____

will be living with me (parent/guardian's name)

at (address) _____

during the 2025-2026 academic year.

By completing this form, both the student and parent/guardian agree that if the student is found to be living at a different address than listed above, the student will be assessed the Off Campus Living Fee, which is \$7,000 to their Millikin account.

 Printed Name of Parent/Guardian
 Date

 Signature of Parent/Guardian
 Cell Number

 Relationship to Student
 Date

 Printed Name of Student
 Date

 Signature of Student
 Cell Number

REQUIRED: * Please attach a current copy of your home's electric bill with the primary resident's name listed on the bill to verify residency. The electric bill, along with this form, can be mailed to the address listed above, Attention: Campus Life, emailed to campuslife@millikin.edu or faxed to 217.362.6497.