

**2017-2018 LaGrange College of Office of Residential Education and Housing  
Housing Contract and Roommate Selection Questionnaire**

(All new & transfer students must complete this form)

**\*\*NEW STUDENT DEADLINE to return form: 2 weeks BEFORE your scheduled Summer Orientation\*\***

**Personal Information**

Student name (First, Middle, Last): \_\_\_\_\_ Preferred: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

LC ID number (L Number): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Starting Semester: Fall\_\_\_ Jan-Term\_\_\_ Spring\_\_\_ Summer\_\_\_ Year\_\_\_ Gender: Male\_\_\_ Female\_\_\_

Classification: Incoming Freshman\_\_\_ Sophomore\_\_\_ Junior\_\_\_ Senior\_\_\_ Graduate\_\_\_

Emergency contact name (**Mandatory**): \_\_\_\_\_ Relation to contact: \_\_\_\_\_

Emergency contact number (**Mandatory**): \_\_\_\_\_

**LaGrange College Residency Requirement**

The LaGrange College Residency Requirement states that all traditional day students taking twelve hours or more must live in college housing. Please refer to the College Housing Agreement form for more details in regards to the Residency Requirement.

\_\_\_\_ I will live on campus and need housing.

\_\_\_\_ I meet one of the requirements to be considered for exemption AND will complete the form that request for an exemption to the residency requirement. **Written permission must be provided by the Director of Residential Education and Housing before being approved to live off campus. Please do not assume that you can live off campus until you completed the request to live off campus AND receive permission in writing from the Director of Residential Education and Housing.**

**Please complete the section below to assist us with your roommate selection process.**

I am an..	Extrovert / Introvert	I like to study alone.	Yes / No	I play a musical instrument.	
					Yes / No
I am..	Neat / Messy	I will be on an athletic team at LC..			
			Yes / No	I enjoy having friends in my room..	
I like to..	Wake up early / Sleep late	If yes, then what sport_____.			Yes / No
Do you smoke?	Yes / No	I consider myself techy.	Yes / No	I plan to have guest frequently.	
					Yes / No
I am allergic to smoke.	Yes / No	I like taking naps.	Yes / No	I prefer to stay inside.	Yes / No
I am allergic to _____.		I plan to participate in a student organization.	Yes / No	I enjoy the outdoors.	Yes / No
I consider myself a gamer.	Yes / No	I plan to major in _____.		I like _____ music.	
I like to study with music.	Yes / No				

**I request to live with this student (housing office will work to honor mutual roommate requests):** \_\_\_\_\_

**I prefer to live in (circle): Freshmen Females Hawkes, Henry, Pitts 1, or Turner Freshmen Males – Boatwright, Henry, or Pitts 2**

**\*\*The Housing Office will make the final designation of freshmen housing based on the overall gender ratio living on-campus\*\***

**Residents who have requests for special housing accommodations (i.e., ADA needs, gender identity, etc.) should contact Vernon J. James, the Director of Residential Education and Housing at [vjames@lagrange.edu](mailto:vjames@lagrange.edu) at your earliest convenience.**

In signing below, I acknowledge that I read, understand, and will comply with the College Housing Agreement and have provided accurate information on this form. I also understand that I will be held accountable to this agreement and all College policies.

\_\_\_\_\_  
Student's Name (Printed) Student signature Date

*Return completed form to: Office of Residential Education & Housing, LaGrange College, 601 Broad Street, LaGrange, Georgia 30240*

**-OR- Scan and email to Ms. Kirby McCartney at [kmccartney@lagrange.edu](mailto:kmccartney@lagrange.edu).**

**\*Visit the [housing website](http://www.lagrange.edu): [www.lagrange.edu](http://www.lagrange.edu) > scroll over "Campus Life" > click on "College Housing" for more information\***