A close up of a sign

Description automatically generated

# Request for Policy Waiver

**Policy: *(List complete policy here)***

**Submit to:** The Office of Housing at DGHousing@deltagamma.org

|  |  |
| --- | --- |
| Name of person completing this form: | Email: |
| Phone Number: | Region: |
| Chapter: | School/University: |
| Chapter House Address (if applicable): | City: |
| State/Province: | Zip: |

1. Housing Accommodation:

House ☐

Lodge ☐

Annex ☐

Apartment ☐

Other ☐ If other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Ownership:

House Corporation ☐

Landlord ☐

University/College ☐

1. Is the house director on site? Yes ☐ No ☐

1. Please indicate the academic year (or specific time frame) in which the policy waiver is being requested:

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1. Please indicate the reason for the policy waiver request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_