LEHIGH UNIVERSITY
Family and Roommate Acknowledgement
Saucon Village
________ Duh Drive Apartment ________

By signing below, I acknowledge and understand that:

1. I have received, read, and will abide by the terms and conditions of the General Provisions of Occupancy (GPO) signed by the Occupant of the apartment, and failure to abide by the terms and conditions may result in my immediate removal from the apartment.

2. I have acquired no contractual, property, tenancy or other rights to the apartment by virtue of my occupancy or by signing this Acknowledgement. Accordingly, if, at any time, the Housing Contract signed by the Occupant is terminated, either voluntarily or involuntarily, I will be required to vacate the apartment.

3. The Office of Residential Services will have primary communication with the Occupant. The Occupant remains responsible for communicating any information related to the apartment such as maintenance work, lease updates, or emergency protocol to me.

4. If I am not affiliated with Lehigh (other than as a family member or roommate of a University student), and I am eighteen (18) years of age or older, I will obtain a picture ID from Lehigh University.

5. I am not permitted to reside in the apartment without the Occupant for more than thirty (30) consecutive days. Occupancy for more than thirty (30) days without the Occupant present requires submission of a Temporary Occupancy Replacement Agreement to the Office of Residential Services.

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### Family/Roommate Information

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Last</th>
<th>First</th>
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<tbody>
<tr>
<td>Relationship to Occupant: ________________</td>
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<tr>
<td>Gender: ☐ Female ☐ Male</td>
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<tr>
<td>Lehigh Status: ☐ Undergraduate ☐ Graduate ☐ None</td>
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<td>Email: ____________________________</td>
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Accepted for Lehigh University by__________________________ Date__________________________