

Veterans Center 624 S. High Street West Chester, Pennsylvania 19383 Phone: 610-436-2862 Fax: 610-738-0587 e-mail: lmorrison@wcupa.edu

2019-20 VETERAN OR SPOUSE/DEPENDENT OF VETERAN HOUSING INFORMATION

Name (Print)				
wcı	J ID #			
For:	\Box Fall 2019 eck both for whole year	and/or ar.)	\square Spring	2020
I wil	ll be living:			
□ O	n campus			
	Affiliated Housing (USH) – Allegheny Hall, Brandywine Hall, University Hall, Commonwealth Hall, or The Village			
□ Traditional Housing (Residence Life) - Goshen Hall, Killinger Hall, Schmidt Hall, or Tyson Hall				
□ V	With parents or relatives other than spouse Off campus (not with parents or relatives other than spouse) at:			
□ O				
	Street Address			
	City		State	Zip Code
	Telephone Numb	oer	_	
Signature			Dat	te
	OFFICE USE ONLY: sing Status Reviewed	l by		
	al address updated or	-		