



Student Information

Print clearly and complete all information. Please note that submission of this application and contract does not guarantee a space within a UWRF residence hall. Responses will be sent to the student’s CVTC email.

Student Information

Student Name: _____ Gender: _____

Address: _____ Age: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

CVTC Student ID#: _____ CVTC Email Address: _____

Personal Email Address: _____ High School Grad Year: _____

What is your major/program at CVTC? _____

Check box if you will you be in the Residential Construction or Criminal Justice program at CVTC?

When do you plan to move into the residence halls at UWRF? Fall 2026 Spring 2027

General Emergency Contact Information

Please list an individual we can contact in case of an emergency.

Contact Name: _____ Relationship: _____

Email Address: _____ Cell Phone: _____

Believed to Be Missing Contact Information

Federal Law states that we request an emergency contact for you in case you are believed to be missing.

Contact Name: _____ Relationship: _____

Email Address: _____ Cell Phone: _____



Vaccination Information

Wisconsin State Statute [sec. 36.25(46)] requires that you affirm whether you have received vaccination against meningococcal disease and hepatitis B, and to provide the dates of vaccination, if any

You are required to respond to the questions below.

Hepatitis B

Which of the following applies to you?

- I have not received any hepatitis B vaccinations.
- I do not know my hepatitis B vaccination dates.
- I have not received all hepatitis B vaccinations (fill in dates for those received).

Hepatitis B Vaccination #1 Date: _____

Hepatitis B Vaccination #2 Date: _____

- I have received all hepatitis B vaccinations (fill in all vaccination dates).

Hepatitis B Vaccination #1 Date: _____

Hepatitis B Vaccination #2 Date: _____

Hepatitis B Vaccination #3 Date: _____

Meningococcal Disease

Which of the following applies to you?

- I have not received any meningococcal vaccinations.
- I do not know my meningococcal vaccination dates.
- I have not received all meningococcal vaccinations (fill in dates for those received).

Meningococcal Vaccination #1 Date: _____

Meningococcal Vaccination #2 Date: _____

- I have received all meningococcal vaccinations (fill in all vaccination dates).

Meningococcal Vaccination #1 Date: _____

Meningococcal Vaccination #2 Date: _____

Meningococcal Vaccination #3 Date: _____

Non-Academic Discipline / Felony

To help provide a safe and secure environment for members of the university community, UW System Administrative Policy 136, Required Disclosures for Participation in Certain UW System Services and Programs, requires students to provide disclosures prior to living in university housing. See UW System Administrative Policy 136 for more information.

The information you provide is protected under the Family Education Rights and Privacy Act (FERPA) and will not affect admission to the university or student status. The information gathered under the policy will be evaluated by the Disclosure Review Committee.

You are required to respond to the questions below.

Non-Academic Discipline

Have you ever been suspended, dismissed, or expelled from a post-secondary institution (university, 2- or 4-year college, technical college, etc.) for a non-academic reason?

No.

Yes.

Felony

Have you ever been convicted of a felony? This includes pleading no-contest or guilty to a felony. Juvenile convictions should not be disclosed.

No.

Yes.

Please note the following:

- A response of “Yes” does not automatically prevent you from participating in programs and services.
- **If you answer “Yes”** to one or both questions, you will be contacted for more information by the Disclosure Review Committee to determine your eligibility to live on campus.
- **If you fail to disclose**, you may be subject to disciplinary action through the University’s disciplinary processes.



FERPA Record Release Authorization

Student Name: _____ CVTC ID: _____

The Family Educational Rights and Privacy Act (FERPA) is a federal law that ensures the privacy of students' educational records. Generally, schools must have written permission from the student to release any information from a student's educational record.

Record Release Authorization to UWRF and CVTC (check both boxes)

I hereby authorize UWRF and CVTC to exchange, share, and/or communicate relevant information from my student records with UWRF or CVTC. Information could consist of student ID number, enrollment status, academic schedule, financial aid, academic standing, conduct, and other registration/records or housing information otherwise protected by FERPA.

I am aware that the purpose or need for the disclosure of this information is for my eligibility to live on campus at UWRF and this authorization is valid from the date I submit my Application + Contract to UWRF and 1 year past the duration of the residence hall contract.

Signature _____

Date ____/____/____

Month / Day / Year



Roommate Preference (select one)

I have a roommate preference:

Name of Preferred Roommate _____

CVTC Student

UWRF Student

I do not have a roommate preference and understand that UWRF will assign a CVTC or UWRF roommate for me (we will make every attempt to match CVTC students with a roommate who is a CVTC student).

Agreement

My signature confirms understanding of and that I agree to the following statements:

I have read and understand the *2026-2027 Terms and Conditions of the Residence Hall and Meal Plan Contract for CVTC Enrolled Students*.

I understand the contract is for the entire 2026-2027 academic year and this contract cannot be cancelled or terminated except under the conditions cited in the cancellation and termination sections in the *Terms and Conditions*.

I understand once I sign and submit this Application + Contract along with the \$500 contract payment (\$465 prepayment and \$35 non-refundable processing fee) a binding contract is established between me and the University of Wisconsin-River Falls.

I understand I must pay the balance of fall semester room charge (rate minus the \$465 prepayment) by October 15, 2026, and the entirety of the spring semester room charge by March 15, 2027, as described in the *Payment Schedule and Procedures for CVTC Students*.

I am committed to living and paying for residence hall accommodations at the University of Wisconsin-River Falls under the terms and conditions of this contract.

Signature _____

Date ____/____/_____
Month / Day / Year