

# Kilgore College Housing Application

Mark the term applied for and indicate the year:

Fall  Spring  Summer I  Summer II Year: 20\_\_\_\_\_

Name: \_\_\_\_\_  
*Last First MI Social Security No. or KC Student ID*

Home Address: \_\_\_\_\_  
*Street or P.O. Box City State Zip*

Age: \_\_\_\_\_ Parent's Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Gender:  Male  Female

Room:  Private (if available)  2-person  ADA Compliant

Roommate Preference: \_\_\_\_\_  
*(Please fill out below if no preference) Name*

## Meal Plan Choice:

- #1 Square Mealer (19 meals per week in cafeteria)  
 #2 Social Light (17 meals per week in cafeteria and \$50 per semester in Center Court Café)  
 #3 Master Mix (14 meals per week in cafeteria and \$100 per semester in Center Court Café)

Residence Hall Choice:  Nolen St. Hall  Gussie N. Davis  Stark Hall  The Quads  
*(females only) (Rangerettes only) (males only) (males only)*

Check only if officially accepted into organization:  Band  Rangerettes  Theatre  
 Athletic Scholarship: \_\_\_\_\_ (name of sport)

Applicant's Signature: \_\_\_\_\_

**Applications will not be considered complete unless accompanied by a \$200 deposit, non-refundable \$10 criminal history screening fee, release of background information sheet and a record of bacterial meningitis vaccination. Please mail to:**

Kilgore College  
Department of Residential Life  
1100 Broadway  
Kilgore, TX 75662-3204

**Housing assignments will be posted to your Campus Connect account for Fall or Spring semesters.**

## Fill out this section only if you do not have a roommate preference.

Please answer the questions below as truthfully as possible. This will better enable the Department of Residential Life to pair you with a compatible roommate.

1. Are you a?  Smoker  Non-smoker?  
2. Preferred time to go to sleep:  9-11 p.m.  Midnight – 2 a.m.  
3. Preferred type of music:  Country  Top10  Classical/Jazz  R & B/Rap  Other: \_\_\_\_\_

**Kilgore College seeks to provide equal educational opportunities without regard to race, color, religion, national origin, sex, age, disability, or veteran status.**

- The deposit is refundable after moving from the residence hall if all conditions of the contract have been met.
- If a student withdraws from Kilgore College or moves out of the residence hall during a semester, there will be no refund of room rent nor deposit. A refund of prepaid board charges will be made according to the refund policy.

**Thank you for choosing Kilgore College. If you should have any questions concerning this application please contact the Residential Life Department at (903) 983-8191.**

# RELEASE OF BACKGROUND INFORMATION

Effective Summer 2010, all housing applicants are required to complete a Release of Background Information form. Documentation is required to obtain the criminal history record information. The required documentation includes a copy of the applicant's current Driver's License or State Identification number. A Passport or Military I.D. may be used. In addition, you must enclose a \$10 non-refundable fee. The fee may be in the form of a check, money order, or credit card.

Include this form, your fee and documentation, your bacterial meningitis vaccination record with the Kilgore College Housing Application, and room deposit. If you have questions, please contact the Office of Residential Life at 903-983-8191.

I, \_\_\_\_\_, an applicant for residency in Kilgore College's Student Housing, hereby authorize Kilgore College to obtain criminal history record information from any law enforcement agencies, which may have criminal history record information on me, including but not limited to arrests, investigation, convictions, and other reports. I hereby release Kilgore College and any law enforcement agencies receiving a copy of authorization from liability for the release of any information to Kilgore College. An applicant with a pending charge or a conviction for a felony, class A misdemeanor or class B misdemeanor may be declined by Kilgore College housing. In addition, I certify that I have submitted correct and updated information concerning any legal issues.

Applicant's Name (print) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Email Address \_\_\_\_\_

M / F (circle one) Date of Birth \_\_\_\_\_ Maiden Name \_\_\_\_\_

Type of Documentation (check one and send a copy):

Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_

State Identification No. \_\_\_\_\_ State Issued \_\_\_\_\_

Passport No. \_\_\_\_\_

Military ID

Please list all Convictions or Pending Charges \_\_\_\_\_

---

---

---