



Student Temporary Occupancy Application

This form must be completed by the primary resident (current Weill Cornell student) and submitted with all required supporting documentation **at least 14 days before the requested occupancy start-date**. Required documentation includes: **1)** a copy of the primary resident's leave of absence approval letter or letter from WCM granting an elective/class/rotation outside of the New York metro area, **2)** a letter from the temporary occupant's primary institution or WCM with the elective/class/rotation and approved dates, **3)** a copy of the temporary occupant's valid photo ID, and **4)** a *Release and Hold Harmless Agreement* (page 2), signed by the temporary occupant.

Primary Resident Name Temporary Occupant Name

Unit to Be Occupied (Building/Unit #)

Requested Occupancy Start Date Requested Occupancy End Date

Temporary Occupant Information

Street Address

City State

Country Zip Code

Email Primary Phone

Company/School Name

Company/School Address

Primary Resident Information

Current WCM Academic Program Program Year

Address/Contact Info While on Leave:

Street

City State

Country Zip Code

Email Primary Phone

Primary Resident's Roommate Approval(s)

Each roommate must sign this application.

Roommate #1 Name Roommate #1 Signature

Roommate #2 Name Roommate #2 Signature

Applicant Certification

I attest that I have read, understand, and agree to the Terms and Conditions of the [Student Policy on Temporary Occupancy for Approved Leave of Absence and Electives](#).

Primary Resident Signature Date

The primary resident must submit this form and all supporting documentation to housing@med.cornell.edu.

For Housing Office use only:			
<input type="radio"/> Approved	<input type="radio"/> Denied	Date <input type="text"/>	Signature <input type="text"/>

Release and Hold Harmless Agreement
Weill Cornell Medical College of Cornell University
To Be Completed By Temporary Occupant

I, _____ (NAME OF TEMPORARY OCCUPANT), hereby release and agree to hold harmless Weill Cornell Medical College of Cornell University, their Trustees, officers, employees, and agents from any and all liability and/ for accidents, damage, injuries (including death), illness or costs and expenses (including legal expenses) while a temporary occupant in a Weill Cornell Medical College facility. I further confirm that I have read all of the above within this *Release and Hold Harmless Agreement* and the *Student Policy on Temporary Occupancy for Approved Leave of Absence and Electives*, and I have had the opportunity to ask any questions about it and I accept all of its conditions for myself, my representatives, heirs, executors, and administrators.

Temporary Occupant Signature

Date