



**2011-2012  
COLLEGE HOUSING APPLICATION**  
Blinn College, Brenham, Texas

Print Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Area Code/Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Semester applying for  \_\_\_\_\_  \_\_\_\_\_ 1 or 2 \_\_\_\_\_  
 \_\_\_\_\_ Fall (Year) \_\_\_\_\_ Spring (Year) \_\_\_\_\_ Summer (Year)

Parent or Guardian \_\_\_\_\_ Area Code/Day Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

**THE \$300 HOUSING DEPOSIT, THE BACKGROUND INFORMATION FORM AND  
\$10 REQUIRED FEE, AND THE BACTERIAL MENINGITIS VACCINATION DOCUMENTS  
MUST BE SUBMITTED WITH THIS APPLICATION.**

*Check the appropriate block to designate your on campus housing choice(s). \*Rooms available for students with disabilities.*

<input type="checkbox"/> <b>RESIDENCE HALLS</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Men</b>  <input type="checkbox"/> K. Atkinson  <input type="checkbox"/> Buccaneer*  <input type="checkbox"/> Holleman  <input type="checkbox"/> Lockett  <input type="checkbox"/> Memorial  <input type="checkbox"/> Solons         </td> <td style="width: 50%; vertical-align: top;"> <b>Women</b>  <input type="checkbox"/> Beazley*  <input type="checkbox"/> Hallstein  <input type="checkbox"/> Helman*  <input type="checkbox"/> Melcher*  <input type="checkbox"/> Spencer         </td> </tr> </table> <p><b>Select Required Meal Plan</b></p> <input type="checkbox"/> Residence Hall Plan <input type="checkbox"/> Full Meal Plan	<b>Men</b> <input type="checkbox"/> K. Atkinson <input type="checkbox"/> Buccaneer* <input type="checkbox"/> Holleman <input type="checkbox"/> Lockett <input type="checkbox"/> Memorial <input type="checkbox"/> Solons	<b>Women</b> <input type="checkbox"/> Beazley* <input type="checkbox"/> Hallstein <input type="checkbox"/> Helman* <input type="checkbox"/> Melcher* <input type="checkbox"/> Spencer	<input type="checkbox"/> <b>BLINN COLLEGE PARK APARTMENTS*</b> <b>Designate Preference (#1, #2)</b> <b>If your choice is unavailable, the other option will be assigned. If no preference, leave blocks blank.</b> <input type="checkbox"/> 2 bedroom <input type="checkbox"/> 4 bedroom  <b>Select Required Meal Plan</b> <input type="checkbox"/> Apartment Meal Plan <input type="checkbox"/> Residence Hall Plan <input type="checkbox"/> Full Meal Plan	<input type="checkbox"/> <b>WHEELER RESIDENCE HALL*</b> <b>Co-ed (designated floor assignments)</b> <input type="checkbox"/> 4 private rooms within unit <input type="checkbox"/> 2 semi-private rooms units <input type="checkbox"/> 2 disability rooms units <input type="checkbox"/> Private rooms with bath  <b>Select Required Meal Plan</b> <input type="checkbox"/> Residence Hall Plan <input type="checkbox"/> Full Meal Plan
<b>Men</b> <input type="checkbox"/> K. Atkinson <input type="checkbox"/> Buccaneer* <input type="checkbox"/> Holleman <input type="checkbox"/> Lockett <input type="checkbox"/> Memorial <input type="checkbox"/> Solons	<b>Women</b> <input type="checkbox"/> Beazley* <input type="checkbox"/> Hallstein <input type="checkbox"/> Helman* <input type="checkbox"/> Melcher* <input type="checkbox"/> Spencer			

<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>
Date of Receipt: _____	Deposit Requested: _____
Receipt No.: _____	Requested By: _____
Deposit Amount: _____	Date Withdrew: _____
B.I.A. Receipt No.: _____	Date Transferred: _____
Card: _____	Date Denied: _____
	Date Refunded: _____

**DO NOT RELEASE MY ROOM TELEPHONE NUMBER**

Residence Hall/Apartment Roommate \_\_\_\_\_ (name and s.s.#)

Apartment Suite mate \_\_\_\_\_ (name and s.s.#)

**Mail Application, Documents, Deposit and Fee to:** \_\_\_\_\_ (name and s.s.#)

**Enrollment Services  
Blinn College  
902 College Avenue  
Brenham, Texas 77833**

**THE REQUIRED DOCUMENTS WITH FEE AND DEPOSIT AMOUNTS MUST ACCOMPANY THIS APPLICATION. The application and deposit do not guarantee a room.** Apply for Admission at the same time. When rooms are assigned, confirmation letters with payment due dates are mailed. Housing assignments are made without regard to race, color, creed, physical disability, or national origin.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE OF BACKGROUND INFORMATION

All housing applicants are required to complete this Release of Background Information Form. 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 authorization form found on the Housing web page at [www.blinn.edu/housing](http://www.blinn.edu/housing).

Include this form and your fee with the Housing Application and deposit. If you have questions, please contact the Housing Office at 979/830-4461.

**Out-of-state or out-of-country applicants will be required to complete an additional form for the background review process. You may request this form before or at the time of applying for housing by contacting the Housing Office.**

I, \_\_\_\_\_, an applicant for residency in Blinn College's Student Housing, hereby authorize Blinn 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, investigations, convictions, and other reports. I hereby release Blinn College and any law enforcement agencies receiving a copy of authorization from liability for the release of any information to Blinn College. Applicants with a pending charge or a conviction for a felony, class A misdemeanor, class B misdemeanor may be declined by Housing. In addition, I certify that I have submitted correct and updated information concerning any legal issues.

Applicant's Full Name (print) \_\_\_\_\_

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

M / F (Circle one) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Complete one (1) of the following:

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

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

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

Military I.D. \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## BACTERIAL MENINGITIS VACCINATION FORM

Print Name \_\_\_\_\_ Blinn ID # \_\_\_\_\_

In compliance with HB 4189, a first-time student attending an institution of higher education, including a transfer student, who is applying for on-campus housing must provide written documentation of having received the bacterial meningitis vaccination.

Evidence of the student having received the vaccination from an appropriate health practitioner must be received by the Director of Student Housing. The student will not be assigned to housing until this document is on file. This information shall be maintained in accordance with Family Education Rights and Privacy Act Regulations.

**Please provide evidence of vaccination by one of the following methods –**

I have received the meningitis vaccine as follows: (please check)

\_\_\_\_\_ (A) Date Bacterial Meningitis Vaccine administered \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Signature of health care provider \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR** Office stamp of the physician or his/her designee, or public health personnel:

\_\_\_\_\_ (B) An official immunization record generated from a state or local health authority (submit copy).

\_\_\_\_\_ (C) An official record received from school officials, including a record from another state (submit copy).

A student, or a parent or guardian of a student, is not required to submit evidence of receiving the vaccination against bacterial meningitis if, under one of the following circumstances, the student, or a parent or guardian of a student submits one of the following to the institution: (check if applicable)

\_\_\_\_\_ (A) An affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, in the physician's opinion, the vaccination required would be injurious to the health and well-being of the student; or

\_\_\_\_\_ (B) An affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. **A conscientious exemption form from the Texas Department of State Health Services must be used.** <https://webds.dshs.state.tx.us/immco/affidavit.shtm>

The exception noted in Section 21.614 (B) does not apply during a disaster or public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency declared by an appropriate official or authority from the Texas Department of State Health Services and is in effect for the location of the institution the student attends.