HOUSING AND RESIDENCE LIFE

GRADUATION RELEASE REQUEST

(Use only when student is graduating from University)

PRINT NAME: _____

DATE: _____

RAM I.D. NUMBER: _____ DATE OF BIRTH: _____

CREDIT HOURS COMPLETED: _____ MAJOR_____

CURRENT CAMPUS ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #_____

HOME ADDRESS: _____
STREET/BOX NUMBER CITY STATE ZIP

TOTAL LENGTH OF ASU ON-CAMPUS RESIDENCY: _____

GRADUATION DATE:
_____
MONTH DAY YEAR SEMESTER

GRADUATION MUST BE VERIFIED BY PROPER DOCUMENTATION

Your signature is required on this document.

This information supplied on and with this request is, to the best of my knowledge, accurate. If false information is submitted, I understand that my release will automatically be denied and I may be charged Housing fees and/or referred for disciplinary action.

SIGNED: _____

DATE: _____

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