

RELEASE REQUEST

HOUSING AND RESIDENCE LIFE ALBANY STATE UNIVERSITY

CHECK ONE:

Housing Food Service Housing & Food Service Residency Requirement

PRINT NAME: _____ DATE: _____

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

CREDITS COMPLETED: _____

CAMPUS ADDRESS: _____

PHONE: _____

NAME OF PARENT GUARDIAN: _____

HOME ADDRESS:

STREET/BOX NUMBER CITY STATE ZIP

HOME TELEPHONE NUMBER: _____

DATE OF HIGH SCHOOL GRADUATION: _____

LENGTH OF ASU RESIDENCY: _____

MONTH/YEAR _____ SEMS. _____

DESIRED DATE OF RELEASE:

MONTH DAY YEAR

REASON FOR REQUEST: FINANCIAL MEDICAL
 COMMUTE MEAL PLAN

APPROPRIATE DOCUMENTATION AS CHECKED BELOW WILL ACCOMPANY
THIS REPORT:

Statement from the Director of University Health Services or attending physician.

- Statement from the Financial Aid Director.
- Financial documentation.
- Statement from the University Counseling.
- Letter from your parent or legal guardian.
- Birth Certificate
- Proof of Address (drivers license or utility bill)
- Marriage Certificate
- Legal documentation of guardianship

On a separate sheet of paper, please state clearly your reasons for requesting this release. Remember, appropriate documentation is required as stipulated in the directions for certain types of requests. All supporting materials must be attached. 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 referred for disciplinary action.

SIGNED: _____

DATE: _____

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**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Decision:  Approved  Denied