HOUSING AND RESIDENCE LIFE

RELEASE REQUEST

CHECK ONE:

[ ] Housing [ ] Food Service [ ] Housing & Food Service [ ] Residency Requirement

PRINT NAME: _____ DATE: _____

RAM 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 ALBANY STATE UNIVERSITY 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 (driver's 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: ______________________

~~~~~~

OFFICE USE ONLY

Received by: ______________________________Date: ___________________

Decision: [ ] Approved [ ] Denied
~~~~~~