



**ROOM & BOARD REQUIREMENT RELEASE REQUEST
HOUSING AND RESIDENCE LIFE**

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

CHECK BELOW THE DOCUMENTS THAT WILL ACCOMPANY THIS REQUEST:

☐ Statement from the Assistant Vice President of University Health Services or attending physician.

☐ Statement from the Financial Aid Director.

☐ Financial documentation.

☐ Statement from the University Counseling Center.

☐ 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: _____

~~~~~

OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Decision: [ ] Approved [ ] Denied