



HOUSING AND
RESIDENCE LIFE

FINANCIAL RELEASE REQUEST

NAME (PRINT): _____ DATE: _____

MUID - _____ CELL PHONE: _____

BUILDING AND ROOM NUMBER: _____

HOME ADDRESS: _____
STREET/ BOX NUMBER CITY STATE ZIP

HOME TELEPHONE NUMBER: _____

I WISH TO BE RELEASED FOR [] FALL SEMESTER 20____ [] SPRING SEMESTER 20____

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS FORM:

1. SIGNED STATEMENT FROM THE FINANCIAL AID DIRECTOR. (SEE PAGE 2)
 - A. REMEMBER, SECTION ONE OF PAGE TWO MUST BE ATTACHED AND SIGNED BEFORE YOUR RELEASE REQUEST CAN BE SUBMITTED

THE 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: _____

