



MISCELLANEOUS RELEASE REQUEST

NAME (PRINT): _____

MUID - _____

BUILDING and ROOM #: _____ CELL PHONE: _____

HOME ADDRESS: _____
STREET/BOX NUMBER CITY STATE ZIP

HOME TELEPHONE NUMBER: _____

I WISH TO BE RELEASED FOR: () FALL SEMESTER 20____ () SPRING SEMESTER 20____

REASON FOR RELEASE REQUEST: (CHECK ONLY ONE)

() JUNIOR STATUS

() FACILITIES OFF CAMPUS (MOVC or South Charleston)

() PART TIME STUDENT

() DEPENDENT CHILD: Please provide a copy of the dependent child's birth certificate with completed form

() MARRIED: Please provide a copy of marriage certificate with county seal with completed form

() OUT OF HIGH SCHOOL 2 YEARS or OVER 21:

() GREEK EXEMPTION

The information supplied on 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: _____