



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: \_\_\_\_\_



## HOUSING AND RESIDENCE LIFE

### RELEASE REQUEST FOR FINANCIAL REASONS

PLEASE COMPLETE **SECTION I ONLY** OF THIS PAGE. YOU MUST SUBMIT THIS PAGE WITH A COMPLETED FINANCIAL RELEASE REQUEST TO THE HOUSING AND RESIDENCE LIFE OFFICE. YOUR SIGNATURE GIVES PERMISSION TO THE FINANCIAL AID OFFICE TO COMPLETE **SECTION II**.

#### SECTION I

NAME (PRINT): \_\_\_\_\_ MUID # \_\_\_\_\_  
LAST FIRST M.I.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### SECTION II

THE ABOVE NAMED STUDENT DOES NOT QUALIFY FOR FINANCIAL AID.

THE ABOVE NAMED STUDENT DID NOT SUBMIT DOCUMENTS TO BE CONSIDERED FOR FINANCIAL AID.

THE FORMS NEEDED ARE: \_\_\_\_\_

THE ABOVE NAMED STUDENT IS QUALIFIED FOR FINANCIAL AID AS LISTED BELOW:

TOTAL FINANCIAL BUDGET IS \$ \_\_\_\_\_

ESTIMATED FAMILY CONTRIBUTION \$ \_\_\_\_\_

FINANCIAL NEED IS \$ \_\_\_\_\_

NEED MET BY THE FOLLOWING PROGRAM(S):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

UNMET NEED IS \$ \_\_\_\_\_

IS THE STUDENT AND/OR FAMILY ELIGIBLE FOR ADDITIONAL ASSISTANCE?  YES  NO

IF YES, WHAT DO YOU ANTICIPATE THEY MIGHT RECEIVE OR WHAT AMOUNT SHOULD BE CONSIDERED?

NUMBER OF FAMILY MEMBERS \_\_\_\_\_

AVERAGE FAMILY INCOME \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_

FINANCIAL AID OFFICER

PLEASE DESCRIBE ANY EXTENUATING CIRCUMSTANCES DOCUMENTED IN THE STUDENT'S FINANCIAL AID FILE WHICH SHOULD BE CONSIDERED FOR A RELEASE FROM THE RESIDENCY REQUIREMENT.