

**ANGELO STATE UNIVERSITY
OFFICE OF RESIDENTIAL PROGRAMS**

**Application for Release/Exemption to the ASU Housing Policy
Spring Semester**

Please select the reason you are requesting a release/exemption:

- | | |
|---|--|
| <input type="checkbox"/> Residing with Parents | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Residing with Grandparents | <input type="checkbox"/> Financial Hardship |
| <input type="checkbox"/> Residing with Sibling | <input type="checkbox"/> Medical Hardship |
| <input type="checkbox"/> Active Duty Military Service | <input type="checkbox"/> Special Circumstances |
| | <input type="checkbox"/> Transfer Student |

NOTE: Specific documentation must be attached. See packet or contact the Office of Residential Programs at 325/942-2035 for more information.

Respond to all items. Please type or print clearly.

Last Name: _____ **First Name:** _____ **MI:** _____

CID: _____ **Current Hall:** _____ **Room:** _____

Address: _____
This address should be where we are able to contact you regarding your application.

City: _____ **State:** _____ **Zip:** _____

ASU Address: _____ **DOB:** _____

Home Phone: (____) _____ **Local Phone:** (____) _____

ASU E-mail address: _____

Applicant's Signature (Required) **Date**

Please write your initials next to your response to the following question. Do you authorize the Office of Residential Programs to discuss your request for exemption with your parents/legal guardians?

YES _____ NO _____

*The information you have supplied on this form is maintained by the University.
You have the right to review and correct this information by contacting the Office of Residential Programs.*

RESIDENTIAL PROGRAMS OFFICE USE ONLY

App on File: No / Yes

SOAHOLD _____ STATUS _____

Request: Approved / Denied

Authorized Residential Programs Personnel

Date