



# DIVISION OF UNIVERSITY HOUSING

## Authorization to Release Information

PLEASE PRINT

Resident Name \_\_\_\_\_ ID# \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL Birthdate \_\_\_\_\_

Current / former resident of:

- University Residence Halls Apt. # \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- University Apartments Apt. # \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

I hereby authorize the Division of University Housing to release all requested information regarding my residency in University Housing to potential landlords, rental agencies, financial institutions, mortgage lenders, government agencies, and any other persons/agencies listed below who contact the Division seeking this information.

Other authorized persons/agencies:

\_\_\_\_\_  
\_\_\_\_\_

I understand that this authorization release form is for the current academic/lease year only and that it automatically expires at the commencement of the next academic/lease year.

SPECIAL INSTRUCTIONS OR LIMITATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESIDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THIS FORM MUST BE ACCOMPANIED BY A PHOTOCOPY OF YOUR UNIVERSITY ID CARD**

### FOR HOUSING OFFICE USE ONLY

LOCATION	_____
ACAD YR	_____
AMOUNT	_____
LATE CHG	_____
DAM CHG	_____
OTHER	_____

LOCATION	_____
ACAD YR	_____
AMOUNT	_____
LATE CHG	_____
DAM CHG	_____
OTHER	_____

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ACAD YR	_____
AMOUNT	_____
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DAM CHG	_____
OTHER	_____

