The Office of Residence Services
WSU – Lake Campus
Automatic Release Form

General Information (please print clearly)

Name:_____**Date:**_____

UID: _____ **Cell Phone#:**_____

Email Address:_____

Campus Address: _____
building apt #/room

Semester(s) Requested for Release: □Fall □Spring □Summer

Check appropriate box: **For office use only:**

□**Graduation** □verified*_____(staff initials)
Date of Graduation: _____

□**Academic Dismissal** □verified*_____(staff initials)
Date of Dismissal: _____

□**Academic Withdrawal** □withdrawn verified*_____(staff initials)
Date of Withdrawal: _____ □not registered as of: _____
Reason:_____ verified* _____(staff initials)
(Example: Transfer to another college, financial problems, family issues, etc.)

Signature of Requester:_____ Date:_____

- Housing credits will not be issued until your graduation, academic dismissal, or academic withdrawal is verified and your keys have been returned to The Office of Student Services in 170 Dwyer Hall.