



Housing Agreement Release Request

Office of Student Housing | 7648 Victory Blvd. | Newport, AR 72112
870-512-7859 (office) | housing@asun.edu

Please Type or Print Neatly

Name:	ASUN ID:
Date of Birth:	Age:
ASUN Email:	Phone:
Location and Apartment/Room #	
Completed Credit Hours:	Credit Hours this Term:
Last Term GPA:	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contract termination date requested:	
Application year for review: (circle all that apply) Fall 2024 Spring 2025 Summer 2025	

The following must be included with this application:

- Typed, formal written letter containing a detailed explanation of what has changed significantly since the day you signed your housing contract until the day that you submit this application.
The letter must be signed by the student.
- Documentation supporting the reason(s) for submitting the application. Third party documentation is best.
- Any additional documents that you feel supports your application.

Date Received: _____

Approved _____	Denied _____
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Signature: _____

Office of Student Housing

_____ Date