

# Request for Release from South Dakota Board of Regents Residency Requirement

PLEASE PRINT OR TYPE:

Full LEGAL Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Student ID# (Required): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Current College Class Status: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_  
(Fr., Soph., Jr., Sr., Grad.)

Release Requested for: \_\_\_\_\_ Year(s): \_\_\_\_\_  
(Fall, Spring or both) (Approved for only **ONE Academic Year** at a time)

Parent's Name & Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Please indicate below the reason you are requesting a release. Please read the Request for Release Information included with this form.**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>FINANCIAL HARDSHIP</b>  | <input type="checkbox"/> <b>MARRIED:</b> Date of Marriage _____     |
| <input type="checkbox"/> <b>HEALTH</b>  | <input type="checkbox"/> <b>HAVE A LEGAL DEPENDENT</b>              |
| <input type="checkbox"/> <b>GREEK ORGANIZATION</b><br>Chapter _____   | <input type="checkbox"/> <b>COMMUTE:</b>                            |
| <input type="checkbox"/> <b>BELOW SIX CREDITS</b>   | A. The address I intend to commute from daily is:<br>_____<br>_____ |
| <input type="checkbox"/> <b>ATTENDING USDSU (SIOUX FALLS)</b>   | B. Full name of person with whom I intend to live:<br>_____         |
| <input type="checkbox"/> <b>COMPLETED FOUR SEMESTERS AS A FULL-TIME STUDENT</b>                               | C. Relationship of this person to me<br>_____                       |
| <input type="checkbox"/> <b>ACADEMIC REQUIREMENT</b>  |   |
| <input type="checkbox"/> <b>NON – REQUIRED STUDENT</b><br>(more than two years beyond high school graduation) |   |

I acknowledge by my signature that I have read the preceding Request for Release Information. I further acknowledge that the information I have provided is accurate for the semester/academic year for which I am requesting this release. I understand that this release is not approved until I receive a written release from Residential Life personnel.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this completed form to: Assignment Supervisor  
Department of Residential Life  
Box 2810A  
South Dakota State University  
Brookings SD 57007-0898