

**REQUEST FOR STUDENT HOUSING RESIDENT INFORMATION**

(Please Print Clearly)

Fresno State ID#: \_\_\_\_\_

Last (Family) Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Hall/Room/Bed: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

By signing below, I am requesting the following be provided by Fresno State Student Housing:

- |   |  |
|---|--|
| <input type="checkbox"/> Financial/Printout of "Customer Ledger Inquiry"  | <input type="checkbox"/> Disciplinary File   |
| <input type="checkbox"/> Apartment/Other Housing References (Authorization to release verbal/written info)      | <input type="checkbox"/> Academic Year _____ |
| <input type="checkbox"/> Copy of Student Housing and Meal Plan License Agreement                                | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> I would like to review my entire file in person. Please contact me to setup a meeting. |  |

I understand that....

1. Student Housing has 45 days from the date this form is submitted to provide the above checked items.
2. I may not remove any items contained in my file.
3. I will be required to provide proof of identification prior to examining any of the contents of my file in person.
4. A Student Housing representative will remain with me when I review my file.
5. A notice will be placed in my resident mailbox or mailed to my home (if not currently living on-campus) providing the date I may review my file (weekdays, 9am to 4pm).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Completed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date Resident Reviewed File: \_\_\_\_\_ Witness: \_\_\_\_\_