Office of Residential Life

1005 State University Drive Fort Valley, GA 31030

PARENTAL CONSENT STATEMENT TO SUPPORT HOUSING CONTRACT CANCELLATION/APPEAL

SECTION I:	STUDE	NT'S INFORMATI	ION	
Student's Name		t		
	Las	t	First	Middle Initial
Student ID#			Birthday	// Month/Day/Year
			-	Month/Day/Year
Residence Hall_		_ Room Number		Room Letter
Home Address				
		Street		
	City	State		Zip Code
Home#		Cell#		Work#
at the above add	lress for next s	emester. I understand	that the Office	o live at home with me of Residential Life or the entire semester.
You may call or	write me to con	firm this statement.		
Parent's Signatur	re			Date
Relationship to S	tudent			Telephone#

Parents, please note that the Office of Residential Life considers the release only of those applicants who meet university requirements for housing cancellation. A non-negotiable fee will be charged to each resident breaking the Lease Agreement in an amount equal to 50% of the rental fee.