

PLEASE COMPLETE AND EMAIL TO RESLIFE@NWMISSOURI.EDU

Student's last name	Student's First name	Middle initial
919	()	
Northwest Network Account use	sername Phone number	
Home address		
City	State	ZIP
Email address Section A—to be completed by □ I plan to attend Northwest and	transfer and returning students d commute from a local residence or m	ny parent's residence.
Section B—to be completed by		
CRITERIA TO BE RELEASED FRO	OM THE FRESHMAN RESIDENCY REQU	JIREMENT: (check one)
21 years of age (must provide Date of birth//	copy of birth certificate or driver's licer	nse)
☐ Married (must provide copy o	f marriage certificate) or have a child (n	nust provide birth certificate)
=	egal guardian's primary residence. This or legal guardian(s) stating that the stuc	
(Please refer to University policy	on the back of this card)	
notification of approval or denia	: □ Fall 20 □ Spring 20 application for release and that I must all before taking further action. I certify that related documents have not been	- st wait for an official that the information provided
Signature of parent or legal guar (Required for freshmen)	dian	Date
NORTHW MISSOURI STATE UN		nied □ Pending
	Signature	Effective date
	Title	