SOUTH DAKOTA STATE UNIVERSITY
REQUEST FOR RELEASE FROM RESIDENCE HALL OBLIGATION
SUPPLEMENTAL FINANCIAL NEED VERIFICATION FORM

Applicant ___________________________ Student ID#: __________________

To the Release Applicant: As noted on the Request for Release from Residence Hall Application form, releases based on financial need are granted only:

A. When you have verified need for financial aid as indicated by Financial Aid Office records and are not funded by Federal Aid and/or Stafford Loan Aid to a level consistent with your need; or
B. When financial circumstances are created by situations over which you have no control (e.g., verified reduction of family income, etc.).

Please complete the following section. Attach additional information as necessary.

If you are experiencing extenuating financial circumstances, please describe your situation.

Do you expect to be employed during the school year?

If yes, how many hours do you typically plan to work per week? ________________
Expected income during the exemption period. ________________

If no, please explain your reasons for not working during the school year.

FOR OFFICE USE ONLY

Semester(s) ____________________________
(Fall/Spring/Both) (Year)

Budget minus Family Contribution: ________________

Federal Aid Less ________________
Stafford Aid Less ________________
Income ________________

Equals ________________ ________________ Unmet ________________ Excess Aid ________________

(Signed) ____________________________ (Date) ________________

Revised 11/12