

**Union College  
Office of Residential Life  
SIGNATURE SHEET**

**Off Campus Release Application for Academic Year 2020-2021**

**DEADLINE: FRIDAY, JANUARY 31st, 2020 BY 4:30PM**

**Please Print Clearly**

*Individual/Group Applicant: By signing below, I/We indicate that I have read and understand all terms and conditions regarding the Off-Campus Release Application as they are shown on the google form. By submitting this application, I/We are applying as an individual/group and will be considered so throughout the entire application process.*

Name: \_\_\_\_\_  
ID #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Expected Graduation year: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
ID #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Expected Graduation year: \_\_\_\_\_  
Signature: \_\_\_\_\_

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Name: \_\_\_\_\_  
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Signature: \_\_\_\_\_

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For Office Use Only:

Date Received: _____	Group Number: _____	Lottery Number: _____	Status: _____
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