



Return this form to:
Housing and Residence Life
Armstrong Atlantic State University
11935 Abercorn St
Savannah, GA 31419
Fax 912-344-3452
Phone 912-344-2940

**Armstrong Atlantic State University
Department of Housing & Residence Life
Opt-Out Form
Chatham, Effingham, Bryan, and Liberty County Residents Only**

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Name of Student _____ **Student E-mail Address:** _____
Student AASU ID Number _____ **Permanent Telephone:** _____
Cell Phone: _____ **Term(s) Applied for Release** **Summer** **Fall** **Spring**

I would like to opt out of on campus housing at Armstrong Atlantic State University because I will be living with my parent or guardian in their principle place of residence in Chatham, Bryan, Effingham or Liberty County for my entire first year of enrollment. I understand that I am responsible for the accuracy of all information provided to the University. If information is found to be inaccurate, I will be subject to the University Student Code of Conduct sanctions, which may include revocation of student status at Armstrong Atlantic State University. I understand my permanent student record will be used to verify the information provide below.

Living with parent or legal guardian: Currently I reside in my parent(s)' or legal guardian's principal residence in Chatham, Effingham, Bryan or Liberty county. I agree to continue my residence there full time during my first year of enrollment.

Student signature _____ Date: _____

I certify that the student above currently resides with me in my principal residence in Chatham, Effingham, Bryan or Liberty county and will continue to do so during their first year of enrollment. The street address, city, zip code and county of my principal residence is:

Address: _____

City: _____ State: _____ Zip code: _____ County: _____

Parent or Legal Guardian Signature _____ Date: _____

Students who furnish or submit false information to a University official or office in connection with an opt-out request are subject to disciplinary action in accordance with the University Student Code of Conduct

OFFICE USE ONLY:

Date Opt Out Received _____ Decision: Approved / Denied Date: _____ Initials: _____