

Name:	
Campus Address:	
T-Number: Date:	
Phone: Emai	:
Please give a description of the charges, as you uare requesting the charges be adjusted:	
	Signature of Resident
This petition may be submitted electronically by the reshousing@atu.edu, faxed to (479) 968-2124, or mailed to	o Residence Life, Arkansas Tech University,
Doc Bryan Suite 211, 1605 Coliseum Dr., Russellville, must sign it. Depending upon the nature of the request	
committee to review and make a decision regarding the ninety (90) days of the charge(s) in question. Thank you	·
Office Use C	•
Signature and Date:	
Signature and Date:	