

WEST VIRGINIA STATE UNIVERSITY  
RESIDENCE LIFE AND SERVICES  
138 G PRILLERMAN HALL  
PO BOX 1001  
INSTITUTE, WV 25112

STUDENT NAME \_\_\_\_\_

SS# \_\_\_\_\_

STUDENT CLEARANCE FORM  
TO BE COMPLETED FOR ALL RESIDENCE HALL STUDENTS

Please send photo with clearance

Transfer clearance form

For admission to residence halls  
West Virginia State University  
(for internal use only)

Section A: General Information:

Name \_\_\_\_\_ SS# \_\_\_\_\_

Permanent  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ High School Graduate Date \_\_\_\_\_

Student Applicant: Please complete Section B and Forward this form to Dean of Students at the last college or university you attended or your High School counselor.

Section B: To Be Completed by Student

Name \_\_\_\_\_  
(Please Print) (Last) (First) (M)

Social Security Number: \_\_\_\_\_

I authorize \_\_\_\_\_ to provide the information requested in Section B below. When Section B has been completed, I request that this form be sent to the Director of Residence Life & Services at West Virginia State University.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Student Affairs Office or High School Counselor

If you answer yes to any of the questions below, please attach an explanation.

**General Medical**

Do you have any knowledge of health problems that may deter this student's ability to function in a residential setting?

Yes \_\_\_ No \_\_\_

**General Psychological**

Do you have any knowledge of this student having any emotional, psychological, or psychiatric problems?

Yes \_\_\_ No \_\_\_

**Personal Social**

Do you know any history of the student being convicted of any felonies or misdemeanors? Yes\_\_\_  
No\_\_\_

Do you have any knowledge of this student serving time in prison/jail for any offenses? Yes\_\_\_  
No\_\_\_

Do you have any knowledge about this student being a substance abuser? Yes\_\_\_ No\_\_\_

According to your records, has the student been suspended or expelled for non-academic reasons?  
Yes\_\_\_ No\_\_\_

**School Official Completing this Form**

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Name

Title

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Signature

Date

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Institution Name

Tel. Number