

LOFTS FAMILY APARTMENTS AUTHORIZED OCCUPANTS FORM

P.O. Box 3973 Atlanta, GA 30302-3973

Phone: 404/413- Fax: 404/413-				
	Date of Request:			
-	e family members ofts and each m	•	• •	t's assigned family apartment in
Student Name:	Last Name		First Name	MI
Panther ID #			Email:	student.gsu.edu
Last Name		First	NAI.	Dalationship to Ctudent

Last Name First ΜI Relationship to Student Relationship to Student **Last Name First** ΜI Relationship to Student **Last Name First** MΙ Relationship to Student **Last Name** First МІ Relationship to Student **Last Name First** ΜI

Updated 3/30/10