AVC COUNSELING CENTER
HOLD RELEASE FORM

Date: _____

Student ID #: **900 -** _____ **-** _____

NAME:_____
(Last) **(First)** **(MI)**

Reason:

Overall GPA: _____

Error on transcript: _____

Extenuating Circumstance Petition _____

Basic Skills _____

Other (please list): _____

Action:

Release (circle one): **Hold** **Unit Limits**

Update Unit Limits to: _____

_____
Counselor Signature

EXCEPTION: _____

REASON
FOR EXCEPTION: _____

_____

_____ _____
Dean/or Designee Approval (Mandatory) **DATE**