



OFFICE OF RESIDENCE LIFE REQUEST FOR RELEASE

General Instructions:

Please note this form is for requesting release from an existing contract/assignment. The housing contract is a legally binding agreement and you are expected to honor the terms of the agreement. When reviewing this request, it will also be taken into consideration if the two-year residency requirement applies to your request. There is not an appeal process, as all decisions are final.

- 1.) Complete both sides of this application and present the reasons for your request in an orderly, logical fashion. Provide specific information and make sure you have signed and dated the form or it will not be reviewed.
- 2.) John Carroll University has a two-year residency requirement of its students, unless students meet certain criteria. More details regarding the residency requirement and contract release process can be found in the housing contract or on our website: www.jcu.edu/studentl/reslife.
- 3.) Any request related to medical or health concerns should be sent to the Office of Services for Students with Disabilities on official letterhead from a licensed practitioner. **DO NOT** send any disability related documentation to the Office of Residence Life.
- 4.) Any request related to financial concerns will require the review of your financial aid information.
- 5.) Any request claiming you did not understand the contract was binding will not be considered.
- 6.) You should consider any request as "denied" until you are notified it has been approved. Please consult the housing contract for details regarding housing charges.
- 7.) Please retain a copy for your records and submit the original application to the Residence Life Office, 20700 North Park Blvd., University Heights, OH 44118; or fax to (216) 397-4919. **Please note that you are not approved for release until you receive official written notification from the Office of Residence Life (this may be in the form of electronic correspondence.)**

Please Print or Type:

Name: _____ Today's Date: _____
Last First Middle Initial

Banner ID: _____ Class: FR SO JR SR

Hall and Room Number: _____ Mailbox Number: _____ E-mail: _____

Permanent Address: _____
Street City State Zip

Permanent Phone: _____ On-Campus Phone: _____ Cell Phone: _____

At what address would you live if you are released?
_____ Street City State Zip

How many semesters have you lived on campus? Please circle one: 0 1 2 3 4 or more

I am applying for release for the following term(s). Please include the year for each term (i.e. 2006):

Fall Semester _____ Spring Semester _____ Summer Semester _____

Only cases of demonstrated hardship that have occurred since the signing of the contract will be considered.

I am applying for a contract release for the following reason(s):

- | | |
|---|---|
| <input type="checkbox"/> Financial Hardship | <input type="checkbox"/> Medical or other personal/family concern |
| <input type="checkbox"/> Graduating at end of current term | <input type="checkbox"/> Study Abroad Program |
| <input type="checkbox"/> Married and/or have dependent child(ren) | <input type="checkbox"/> Transfer/Withdrawal from John Carroll University |

Signature of Student _____ Date _____

Signature of Parent (necessary if student is under 18 years of age) _____ Date _____

Please use the space provided below to indicate your reasons for requesting a release. The reasons you state are the basis for the decision on your request. It is important that you be concise, factual, and detailed in your written comments.
Only cases of demonstrated hardship that have occurred since the signing of the residence hall contract will be considered. The decisions made by the Board are fully supported by this University and are not eligible for appeal. If your petition is denied you are not eligible to petition again until the next semester. Please use and attach additional paper if necessary.

[Large empty rectangular box for writing reasons for requesting a release]

For Residence Life use only: Approved Effective Date: _____ Notification Sent: _____
 Denied Signature: _____ Date: _____