

RESIDENCE HALL AGREEMENT RELEASE APPLICATION

RELEASES ARE NOT GUARANTEED.

This application will be reviewed and you will be contacted as to the decision by mail and your SRU email account. It may take up to four-six weeks to receive a response. **YOU WILL BE CHARGED THE APPROPRIATE HOUSING AND DINING FEES UNTIL YOUR RELEASE IS APPROVED. DO NOT SIGN AN OFF-CAMPUS LEASE.**

Name: _____
Last First MI

Current Address: _____

Other Contact Information: _____

Release to Begin (Please insert the appropriate year after each term in question): Fall _____ Spring _____

NOTE: SITUATIONS INVOLVING ROOMMATE CONFLICTS OR THE RESIDENCE HALL ENVIRONMENT ARE NOT CONSIDERED GROUNDS FOR CONTRACT RELEASE

I am requesting to cancel my residence hall or R.O.C.K. apartment residence hall agreement for the following reasons (please check all that apply below):

_____ I will be living at home with my parent(s) or legal guardian at their primary residence. (You must attach a **NOTORIZED** letter from your parent(s) or legal guardian to verify that you will be living at home at their primary residence.)

_____ I have, or a member of my immediate family, has developed a serious health issue that would require my living outside the residence hall. (You must attach **MEDICAL DOCUMENTATION** to verify the serious medical condition you or an immediate family member is experiencing.)

_____ I am experiencing an **EXTREME** financial hardship that was not present when I contracted for University housing. (You must attach clear documentation that verifies the financial hardship you are describing.)

_____ I am now married. (You must attach a copy of your marriage certificate)

_____ **Other.** You may explain your situation by attaching a detailed and clear letter to this application. (You also must attach any documentation available to substantiate the claim you are making in your application.)

Student Signature Date

DO NOT WRITE BELOW THIS LINE

RESIDENCE HALL AGREEMENT ACTION

Date Application Received: _____ Application Received By: _____
Date Application Reviewed: _____

Action: _____ Approved _____ Denied _____ Attach decision letter to this application

**PLEASE RETURN THE COMPLETED FORM AND ALL SUPPORTING DOCUMENTATION TO
THE OFFICE OF RESIDENCE LIFE
105 WATSON HALL, 1 MORROW WAY, SLIPPERY ROCK UNIVERSITY, SLIPPERY ROCK, PA 16057**