

RELEASE REQUEST FROM CAMPUS HOUSING AGREEMENT/ROOM CHARGES

Please review this information carefully. To be considered for release, you must submit a complete packet of documentation. If your petition for release is based on lifestyle or residence hall/apartment issues, you should contact your Resident Assistant and/or Community Director prior to submitting this packet.

Petition Process

- 1. Review this information and gather the necessary documentation.**
- 2. Provide a written narrative of why you are petitioning to be released**
- 3. Submit your completed packet to the Office of Residence Services.**
An incomplete packet will only delay your case and reduce your refund if you are released. A packet judged to be incomplete by the Assistant Director of Business Affairs will be returned to you.
Students who are released from their Agreement must complete a proper check out within 10 days of release.

If you need to return your Release Request Forms by mail or fax, please address it as follows:

Wright State University
Office of Residence Services
Community Building
3640 Colonel Glenn Highway
Dayton, OH 45435
Attn: Chair, Appeal Board
937-775-3077

When your Release Request Form and written narrative requesting release is received by the Office of Residence Services, it will be first evaluated by the Appeal Board Chair. If your request is based on one of the reasons specified in the Terms & Conditions of your Campus Housing Agreement, you may be released and will be notified accordingly.

At the time, Residence Services receives your written Release Request Form and written narrative is received, you will be provided with a date, in which the Appeals Board, (which convenes every other Wednesday as needed) will review your written request. The Appeals Board will notify you of their decision in writing the following week.

**Release from the Housing Agreement is considered on the following grounds:
financial, medical, and other.**

Financial:

To be considered for release on financial grounds, you must document a significant and unanticipated change in your financial circumstances incurred since the time you signed the agreement. You **MUST** include the Review of Financial Aid Status Form. This form **MUST** be completed by The Office of Financial Aid.

Medical:

To be considered for release on medical grounds, you must document medical or psychological conditions affected by residence hall/apartment life. Your physician must complete the attached MEDICAL DOCUMENTATION form. As most people in the Dayton area suffer allergies no matter where they live, allergies are not considered an acceptable reason for release.

Other:

For all other petitions, you must provide as much detail as possible to describe the extraordinary circumstances. The desire to live elsewhere, roommate conflicts, or hall related concerns are not grounds for release.

Failure to provide proper documentation will result in postponed consideration or denial.

It is in your best interest not to make a commitment for other housing arrangements until you receive notice that your request has been officially granted or denied.

Requests to be released from a meal plan must be submitted to the Dining Services Office, W006 Student Union.

In the event, the Appeals Board denies your request, you may appeal a second time by providing additional supporting documentation and by scheduling a personal appearance before the Appeals Board. At your appearance, the Appeals Board will ask you to explain the facts surrounding your circumstance(s), and answer any questions needed to clarify your request. You will also be asked to present and discuss any additional information you believe to be pertinent to your request. You will be notified in writing the following week of the Appeals Board final decision.

The Appeals Board is composed of staff from the Financial Aid Office, Student Collections Office, Bursar and the Office of Residence Services.

If you are released from your Campus Housing Agreement, the effective date of cancellation will be based on the date of request approval, proper checkout, or withdrawal, whichever is latest.

The next Appeals Board will meet on _____.

Your completed packet **MUST** be returned to The Office of Residence Services by _____ in order for it to reviewed at the above date. Packets received after this date, will be reviewed at the next Appeals Board meeting.

**** If this is your 2nd appeal, you must schedule an in-person appointment to meet with the Appeals Board. Your appointment can not be scheduled until you resubmit your packet. There are only 5 in-persons scheduled per Appeals Board.****

Office of Residence Services

Residence Agreement Release Request Form

Section #1	General Information	(Please PRINT clearly)
Name: _____		Date: _____
Home Address: _____ STREET		UID: _____
APT.#		
CITY STATE ZIP		Home Ph.# _____
Campus Address: _____		Campus Ph.# _____
BUILDING ROOM		
CLASS (Please check one): <input type="checkbox"/> First Year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Grad		
QUARTER(S) REQUESTED FOR RELEASE: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		

Section #2 Reason(s) for Release Request Please check the appropriate box and provide necessary documentation.

- Medical** **You must attach a typed narrative of the reason for your request to be released.** Physician or therapist must complete the attached Medical Documentation Form stating the reason campus housing is detrimental to health. The request will be reviewed, and release determined on a case by case basis. We reserve the right of mutual and/or second opinion.

- Financial** **You must attach a typed narrative of the reason for your request to be released.** Complete and attach the financial worksheet provided. *You must also make an appointment and meet with one of the Assistant Directors at the Financial Aid Office to discuss and obtain a written statement indicating your financial aid options. This statement must accompany this request before it will be considered.*

- Other** **You must attach a typed narrative of the reason for your request to be released.** In addition, you must attach supporting documentation that validates the reasons stated for release. If applicable obtain written summaries from your Resident Assistant or Community Director.

*Requests will be considered for the current academic year only. If released, effective date of cancellation will be decided by the Office of Residence Services, & forfeiture of your housing prepayment may be applied to your Bursars account in accordance with the Terms & Conditions of the agreement which you signed.

Signature of Requester: _____ **Date:** _____

If released, I would live:

- Off campus at: _____ At home with my parents at: _____

For Office use ONLY:			
Appeal Date: _____	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending
Effective Date: _____	Initials: _____	<input type="checkbox"/> COA: _____	
RLR Date: _____	<input type="checkbox"/> 1 st Appeal	<input type="checkbox"/> 2 nd Appeal	<input type="checkbox"/> Appearance Time: _____

FINANCIAL WORKSHEET - RESIDENCE AGREEMENT RELEASE REQUEST

	<u>Fall Qtr.</u>	<u>Winter Qtr.</u>	<u>Spring Qtr.</u>	<u>Summer Qtr.</u>	
Current Expenses: <i>(To arrive at quarterly amts. multiply monthly expenses by 3)</i>	Room charges by quarter	_____	_____	_____	
	Meal plan charge by quarter	_____	_____	_____	
	Tuition charges by quarter	_____	_____	_____	
	Book charges by quarter	_____	_____	_____	
	Educational incidentals	_____	_____	_____	
	Transportation(car, gas, ins)	_____	_____	_____	
	Living expenses(food, etc.)	_____	_____	_____	
	Other:_____	_____	_____	_____	
	TOTALS OF EACH QTR.	\$ _____	\$ _____	\$ _____	\$ _____
	GRAND TOTAL OF ALL QUARTERLY TOTALS: \$ _____				

	<u>Fall Qtr.</u>	<u>Winter Qtr.</u>	<u>Spring Qtr.</u>	<u>Summer Qtr.</u>	
Proposed Expenses If Release Were Granted: <i>(To arrive at quarterly amts. multiply monthly expenses by 3)</i>	Room/Apt/House by qtr.	_____	_____	_____	
	Tuition charges by quarter	_____	_____	_____	
	Book charges by quarter	_____	_____	_____	
	Educational incidentals	_____	_____	_____	
	Transportation (car, gas, ins)	_____	_____	_____	
	Living expenses (food, etc.)	_____	_____	_____	
	Other:_____	_____	_____	_____	
	TOTALS OF EACH QTR.	\$ _____	\$ _____	\$ _____	\$ _____
	GRAND TOTAL OF ALL QUARTERLY TOTALS:\$ _____				

	<u>Start of School Yr.</u>	<u>Currently</u> _____	
Sources of Income: <i>(To arrive at quarterly amts. multiply monthly income by 3)</i>	Employment with:_____		
	____ Hrs/Wk x \$ _____ Hr x 4=\$ _____ mo	/Qtr.	/Qtr.
	Parents Contribution	/Qtr.	/Qtr.
	Financial Aid		
	Scholarships	/Qtr.	/Qtr.
	Student Loans (Stafford)	/Qtr.	/Qtr.
	Parent(s) Loan (Plus)	/Qtr.	/Qtr.
	Grants (Pell, OIG, etc.)	/Qtr.	/Qtr.
		/Qtr.	/Qtr.
	Work Study	/Qtr.	/Qtr.
	Other:_____	/Qtr.	/Qtr.
	Break or Summer Employment	/Qtr.	/Qtr.
	Other (Investments, trusts, etc.)	/Qtr.	/Qtr.
TOTAL QUARTERLY INCOME	\$ _____ /Qtr.	\$ _____ /Qtr.	

Wright State University Office of Residence Services
MEDICAL DOCUMENTATION FORM
To be completed by Physician if reason for release is medical.

_____ is petitioning for a release from the Housing Agreement. I certify that the above listed patient has been under my medical care for a period of time of _____ with a diagnosis of _____ . This medical condition is being treated with _____ . Please complete this form in its entirety.

I. Medical Condition

- A. Please specifically explain the student's medical condition as related to release from the Housing Agreement.
- B. What is the housing change you are recommending?
- C. Why?

II. Environment

- A. Please explain the effect of residence hall living on the student's condition.
- B. Please comment on the suitability of other residence hall living options, i.e. quiet floors, single rooms, apartment style, etc.
- C. Please comment on the advantages of the living space proposed by the student.

By my signature, I certify that the above information is correct and that my records and diagnostic tests confirm the need for the change in residence requested. I agree to release those records to the Office of Residence Services upon request. I understand that the medical records I send will be kept in the student's confidential file.

Physician Signature Date Signed Printed Physician Name

Physician Address & Phone Number

**THE OFFICE OF RESIDENCE SERVICES
 APPEALS BOARD COMMITTEE
 REVIEW OF FINANCIAL AID STATUS**

FINANCIAL AID MUST COMPLETE IF REASON IS FINANCIAL

This form is for certification of financial aid information that will be used to review your request for appeal of your housing status. This form is to be completed by the Office of Financial Aid. This form is required documentation for your appeal packet if your reason is financial. An appeal review date will be assigned once this form and your appeal application is received by the Office of Residence Services.

Please allow up to two business days for your request to be completed. This request should be considered when assigning an appeal review date.

Student Name _____

UID Number _____ SSN _____ Date _____

Complete and return to student Hold for student pick-up Fax to Residence Services (937) 775-3077

In reviewing the current financial aid status for the above-listed student, the information is as follows:

- This student **is not** receiving federal student aid because:
 - this student has not applied for federal student aid.
 - this student's application for federal student aid is partially complete.
 - this student is currently ineligible for federal student aid.
 - this student has chosen not to accept their financial aid award.

This student **is receiving** the following financial aid indicated:

	Current quarter	Total aid award
<input type="checkbox"/> Grants	_____	_____
<input type="checkbox"/> Scholarships	_____	_____
<input type="checkbox"/> Stafford Subsidized	_____	_____
<input type="checkbox"/> Stafford Unsubsidized	_____	_____
<input type="checkbox"/> Parent PLUS Loan	_____	_____
<input type="checkbox"/> Alternative Loan	_____	_____
<input type="checkbox"/> Other	_____	_____

- Student is eligible for Unsubsidized Stafford due to PLUS Denial
- Stafford loan is offered, but student has not/will not apply for loan
- PLUS loan is offered, but parent has not/will not apply for loan

Comments: _____

 Financial Aid Administrator

 Date