RELEASE REQUEST FROM CAMPUS HOUSING
AGREEMENT/ROOM CHARGES

Please review this information carefully. To be considered for release, you must submit a complete packet, including documentation that supports your release. 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 typed narrative of why you are petitioning to be released.
3. Submit your completed packet to the Residence Life & Housing office. 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 held in the office until complete. 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, email or fax, please address it as follows:

Wright State University
Residence Life & Housing
Community Building
3640 Colonel Glenn Highway
Dayton, OH 45435
Attn: Chair, Appeals Board
Fax: 937-775-3077
Email: Housing@wright.edu

When your Release Request Form and written narrative requesting release are received by the Residence Life & Housing office, they will be first evaluated by the Appeals 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.

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 since the time you signed the agreement. Appropriate paperwork may include a bankruptcy discharge, letter from employer indicating date of job loss, unemployment benefits, or copies of significant medical expenses. You MUST include the Review of Financial Aid Status Form. This form MUST be completed by Raider Connect.

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 STUDENT OR FAMILY MEDICAL DOCUMENTATION form. A condition affecting the student must have student information on it and a condition affecting family must have family information on it. 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 and provide supporting documentation. The desire to live off campus, roommate conflicts, or hall related concerns are not grounds for release.

Failure to provide proper documentation will result in postponed consideration or denial. If an appeal is pending for additional documentation, you have 30 days to submit the requested documentation or the appeal becomes an automatic 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 Hospitality Services, W006 Student Union.

In the event, the Appeals Board denies your request, you may appeal a second time by submitting a 2nd Appeals Packet. For your 2nd appeal, you must provide additional supporting documentation, and schedule a personal appearance to meet with 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. If you fail to show up at your scheduled time the appeal will be an automatic denial. 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 Residence Life & Housing office.

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 (including key returned), or withdrawal, whichever is latest.

** 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 completed packet. There are only 5 in-persons scheduled per Appeals Board, which meets every other Wednesday.**
Residence Life & Housing
Residence Agreement Release Request Form

Section #1 General Information

(Please PRINT clearly)

Name: __________________________ Date: __________________________

Home Address: __________________________ UID: __________________________

STREET: __________________________ APT.#: __________________________

CITY: __________________________ STATE: __________________________ ZIP: __________________________

Campus Address: __________________________ Email address: __________________________

BUILDING: __________________________ ROOM: __________________________

CLASS (Please check one): □ First Year □ Sophomore □ Junior □ Senior □ Grad

SEMESTER(S) REQUESTED FOR RELEASE: □ Fall □ Spring □ Summer

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

□ Medical You must attach a typed narrative describing in detail your request to be released. Physician or therapist must complete the attached Medical Documentation Form stating the reason campus housing is detrimental to your health. The request will be reviewed, and release is determined on a case by case basis.

□ Financial You must attach a typed narrative describing in detail your request to be released. You must describe in detail and provide supporting documentation showing a significant and unexpected financial change since you applied for campus housing. You must also meet with Raider Connect 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 describing in detail your request to be released. In addition, you must provide 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 Residence Life & Housing office, & 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: _________ □ Denied □ Approved □ Pending

Effective Date: ____________ Initials: ____________ □ COA: ____________

RLR Date: ____________ □ 1st Appeal □ 2nd Appeal □ Appearance Time: ____________
Wright State University Residence Life & Housing
STUDENT 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 explain the student’s medical condition and your recommendation for any change to the student’s
current campus housing arrangement.

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.

By my signature, I certify that the above information is correct and support the student’s request for a change
to his/her Housing Agreement. I agree to release those records to the Residence Life & Housing office 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
RAIDER CONNECT 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 required documentation for your appeal packet if your reason is financial and must be completed by staff in Raider Connect. An appeal review date will be assigned once this form and your appeal application is received by the Residence Life & Housing office.

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 Life & Housing (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:

<table>
<thead>
<tr>
<th>Financial Aid Type</th>
<th>Current Semester</th>
<th>Total Aid Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarships</td>
<td></td>
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<tr>
<td>Stafford Subsidized</td>
<td></td>
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<tr>
<td>Stafford Unsubsidized</td>
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<tr>
<td>Parent PLUS Loan</td>
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<td></td>
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<tr>
<td>Alternative Loan</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

( ) 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/Raider Connect Date

Revised 2/11
Wright State University Residence Life & Housing
FAMILY MEMBER MEDICAL DOCUMENTATION FORM
(To be completed by Physician if reason for release is medical)

_________________________________________ is petitioning for a release from the Housing Agreement due to the medical needs of your patient. I certify that the patient________________________________ has been under my medical care for a period of time of ___________ with a diagnosis of ____________________________.

_________________________________________  
Patient’s Signature  

_________________________________________  
Date

Please complete this form in its entirety.

I. Medical Condition

A. Please explain the patient’s medical treatment/care needs as related to the student’s release from the Housing Agreement.

B. How long is the treatment/care needed?

By my signature, I certify that the above information is correct and support the student’s request for a change to his/her Housing Agreement. I agree to release those records to the Residence Life & Housing office 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
REPLACEMENT LEASE REQUEST
College Park/Village/University Park

I hereby give permission to the Office of Residence Life & Housing of Wright State University, Contracting Coordinator, or designee to re-lease my apartment to another party. I also understand and agree that if my apartment is re-leased to another party, I will vacate the apartment within 72 hours of notice. Furthermore, I also understand and agree that unless I provide written request withdrawing this request before the apartment has been offered to another party, I am no longer permitted to live in the apartment after 72 hours from the time the new agreement has been signed by the new party. I understand that requesting to re-lease my apartment does not guarantee that I will be released from my agreement and that future obligations remain my responsibility. (ELIGIBILITY FOR REPLACEMENT LEASE PROCESSING IS CONTINGENT UPON FULL OCCUPANCY OR THE EXPRESSED AUTHORIZATION OF THE CONTRACTING COORDINATOR). I agree and understand that I will be responsible for the room charges on my apartment through and including the day a qualified replacement signs the replacement lease request form with the agreed move in date, fills out their application and pays the prepayment. This includes a reasonable period of time required by facilities staff for maintenance/repairs and cleaning of the unit in preparation for the new incoming resident. Lastly, I agree to make arrangements with Facilities Department located in the Office of Residence Life & Housing to arrange a check-out date and time, or pay the corresponding charges for, but not limited to, improper checkout and lock change. RESIDENTS CURRENTLY RESIDING IN CAMPUS HOUSING OR BOUND BY A CAMPUS HOUSING AGREEMENT ARE NOT ELIGIBLE TO FULFILL REPLACEMENT LEASE REQUESTS AS REPLACEMENT LESSEES.

Section I (print clearly and fill out completely)

<table>
<thead>
<tr>
<th>Name</th>
<th>UID</th>
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<table>
<thead>
<tr>
<th>Complete Forwarding Address (include city, state, zip code)</th>
<th>Forwarding Phone # (including area code)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Reason for Replacement Lease Request</th>
<th>Community (Please select one)</th>
<th>College Park</th>
<th>University Park</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Village</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Type of Unit (Please select one):</th>
<th>Quad</th>
<th>Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deluxe Efficiency</td>
<td>One Bedroom</td>
<td>Two Bedroom</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Resident Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Staff Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Building/APT#</th>
<th>Term(s) wanting replaced for: Fall Spring Summer</th>
</tr>
</thead>
</table>

Section II

Have you found your own replacement?  □ Yes  □ No

If yes, please provide your replacement’s name and UID:

Move out date: □ Move in date:

I acknowledge that I am assuming responsibility for the above mentioned space by releasing the current lessee from their obligation and taking on that obligation and terms & conditions myself based on the move in date. I also understand there is no cancellation period for this request aside from the 3 day rescinding period. Move in date is contingent on current residents move out date and facilities department, and it is subject to change.

<table>
<thead>
<tr>
<th>New Resident Signature</th>
<th>Date</th>
<th>UID</th>
</tr>
</thead>
</table>

* In the event that you find your own replacement after submitting this request, it is your responsibility to contact the Office of Residence Life & Housing in writing with your replacement’s information. Requests will only be valid if your apartment has not been offered to another applicant.

Section III – Assignment Coordinator use only

Billing:

□ Credit Full Semester: 

□ Pro-Rate From:

Replaced by:

<table>
<thead>
<tr>
<th>Name</th>
<th>UID</th>
<th>Date</th>
</tr>
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<tr>
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