FLASHcard Operations PH: (330) 672- 2273 (CARD)

FAX: (330) 672-3291 E-mail: <u>flashcard@kent.edu</u>

Refund Amount:

104 Kent Student Center, Kent, OH 44242



Petition for Food Contract Release

	Name (please print):		Banner ID #:	
Loc	cal Address:		Local Phone:	
Но	me Address:		Home Phone:	
Cla	ass Standing: Fr So Jr Sr	Gr PHD Financial Ai	d? Y / N Transfer Student? Y / N	
	dents Signature:	Of FID Financial Ar	Date:	
th	ne applicable cancellation description of the period of the period of the sufficient of the control of the period of the sufficient of the period of the p	ate that prohibits you from fulficentracts are for the entire academatract in writing to determine characteristic reason(s) for requesting reason(s) for the petition along cient documentation will result is upport the reason(s) must be att	ng a release from the contract. g with all supporting documentation must in the denial of this request. ached to this petition and returned to the	nust have an approved be provided. Failure
(Circ	Items included: Petition / Student's Note (Circle all that apply) What is the significant and unforeseen change in circumstances Has it occurred since the applicable cancellation date? Y/ N Does it prevent the student from upholding his/her obligation up		If yes, when?	
	s, How/Why?			
If yes	orional Circumstance			
If yes	orized Signature:		Date:	
If yes	orized Signature: Date:		Date:	
If yes		Petition: Approved Denied Deferred	Petition: Approved Denied Deferred	
Author	Date:	Denied	Petition: Approved Denied	
Author R	Date: Action Taken:	Denied	Petition: Approved Denied	