



PETITION FOR CONTRACT RELEASE

Dear Residence Hall Student,

Attached is a petition for release from your residence hall contract. The residence hall contract you signed is a legally binding contract. All residence hall contracts are for a full academic year (both fall and spring semesters). However, a process is available for an administrative release from your contract in certain circumstances. To be eligible for an administrative release, there must have been an **unforeseen and significant change in your life** since your contract began that prevents you from upholding your obligation under the contract.

Please carefully read the attached Contract Release Documentation Guidelines and fill out the petition as thoroughly as possible. In addition to the petition, you must include a typed letter detailing why you feel you are unable to uphold your contractual obligation. Documentation must also be provided to support your petition. Please include required forms and as much documentation as possible for the Department of Residence Services to make a decision. A detailed description of the types of documentation is provided in the guidelines but examples include:

Medical Situation: A signed, detailed explanation from your physician detailing why you would be negatively impacted by continuing to live on campus. The physician must explicitly write that he/she recommends that you move out of the residence halls.

Financial Situation: Any financial record that shows the significant change in financial status that prevents you from fulfilling the contract. This includes pay stubs, bank statements, etc. A Financial Comparison Sheet as well as a Student Financial Aid worksheet is required.

Extenuating Circumstances: You must attach a typed narrative of the reason for your request to be released and any documentation that supports this request. Active military call-up, marriage, or child raising responsibilities are examples of extenuating circumstances.

The Department of Residence Services will then make a decision on your request for a contract release as soon as possible. Please note that approval is NOT guaranteed. The decision will be sent to your Kent FlashLine email account.

Please refer to the attached guidelines for more detailed information on required documentation. If you have any further questions, please contact your Residence Hall Director or the Accounting office at (330) 672-7021.

Sincerely,

A handwritten signature in black ink, appearing to read "KDM", with a long horizontal flourish extending to the right.

Kevin D. Mowers
Director, Residence Life
Department of Residence Services



PETITION FOR CONTRACT RELEASE

PLEASE COMPLETE ENTIRE FORM. FAILURE TO PROVIDE PROPER DOCUMENTATION WILL RESULT IN POSTPONED CONSIDERATION OR DENIAL OF REQUEST.

Name: _____

Date: _____

Home Address: _____

KSU ID #: _____

KSU Email Address: _____ Residence Hall and Room # _____

PLEASE CHECK THE APPROPRIATE LINE AND PROVIDE NECESSARY DOCUMENTATION.

_____ FINANCIAL

You must attach a typed narrative of the reason for your request to be released. It is also necessary to show that the financial change occurred **since the start of the residence hall contract**. Financial records illustrating the change in financial status are necessary to demonstrate that a decrease in income/revenue has taken place. Layoff notices, unemployment compensation reports, insurance reports, significant unanticipated bills not covered by insurance, bankruptcy petitions, divorce decrees, wills, pay stubs showing a significant decrease in income, are all types of documents which may be useful depending on the individual circumstances. A **Financial Comparison Sheet and Student Financial Aid Worksheet** are required as well. To meet the threshold for release from the housing contract, it is necessary to provide documentation that the **financial condition has surfaced or deteriorated since moving into the residence halls**. It is important to note that if a student is considered financially dependent (by financial aid and federal government guidelines), the parents' financial information must be considered even if the parents say they are not contributing to the student's education and/or housing expenses.

_____ MEDICAL

You must attach a typed narrative of the reason for your request to be released. In addition, you must provide a signed, detailed explanation **from a physician** (general practitioner or specialist) detailing exactly how the particular medical/psychological problem is negatively impacted by residence hall living. The physician needs complete the **Medical Documentation Form** stating the nature of the medical condition and how the residence hall environment impacts the condition. To meet the threshold for release from the housing contract, it is necessary to provide documentation that the medical condition **has surfaced or deteriorated since moving into the residence halls**. Please note, the Department of Residence Services reserves the right to consult the University's Chief Physician and/or Psychologist as needed.



_____ EXTENUATING

You must attach a typed narrative of the reason for your request to be released. In addition, you must provide documentation to support the extenuating circumstance. Examples may include Active Military Duty or Marriage or Declaration of Same-Gender Domestic Partnership.

I understand that all residence hall contracts are for the entire academic year or balance thereof.

I understand the KSU housing policy and furthermore understand that it is my responsibility to provide any and all information pertinent to my situation as it relates to the guidelines for petitioning for a contract release.

I understand submission of this petition and supporting documents does not ensure an approved contract release, but merely proper review and evaluation. Presentation of falsified information may be referred to the appropriate department or to the Office of Student Conduct for further action.

Student Signature

Date

Please submit completed forms in one of the following ways:

**Residence Services Central Office
Korb Hall
Accounting Office, Rm 133**

Fax: #330-672-2579

Email: housing@kent.edu

**Residence Services
PO Box 5190
Kent, Ohio, 44242**



STUDENT MEDICAL DOCUMENTATION FORM

ONLY TO BE COMPLETED BY A PHYSICIAN IF REASON FOR EXEMPTION IS MEDICAL

For Students: If requested contract release is medical, this form **MUST** be returned along with the rest of the petition for contract release.

_____ is applying for a release from the housing contract. I certify that the above listed patient has been under my medical care for a period of time (from: _____ to: _____) with a diagnosis of:

Please complete this form in its entirety.

I. Medical Condition – Attach additional pages on letterhead as needed for full documentation

A. Please provide detailed information about the illness/injury, date it first occurred, treatment plan, follow-up visits, expected duration, special equipment needed, and medication being taken.

B. Please specifically explain the student's medical condition as related to living in on-campus housing.

C. What is the housing environment you are recommending? 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 alternate 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.

Physician Signature Date Signed

Printed Physician Name

Physician Address & Phone Number



FINANCIAL WORKSHEET – RESIDENCE SERVICES PETITION FOR CONTRACT RELEASE

If requested exemption is financial-related, the two financial forms **MUST** be returned
along with the rest of the petition for contract release.

Student Name: _____

Kent State ID number: _____ Date: _____

| Expected Expenses If On Campus: <i>Note: To arrive at semester amounts, multiply monthly expenses by four</i> | Expense | Fall Semester | Spring Semester |
|---|------------------------------------|---------------|-----------------|
| | Room Charges by semester: | | |
| | Meal plan charges by semester: | | |
| | Tuition charges by semester: | | |
| | Book charges by semester: | | |
| | Educational incidentals: | | |
| | Transportation (car, gas, insur.): | | |
| | Living Expenses (food, etc.): | | |
| | Other: | | |
| | SEMESTER TOTAL: | | |
| | ACADEMIC YEAR TOTAL: | | |

| Expected Expenses If Approval is Granted: <i>Note: To arrive at semester amounts, multiply monthly expenses by four</i> | Expense | Fall Semester | Spring Semester |
|---|------------------------------------|---------------|-----------------|
| | Room/Apt/House by semester: | | |
| | Tuition charges by semester: | | |
| | Book charges by semester: | | |
| | Educational incidentals: | | |
| | Transportation (car, gas, insur.): | | |
| | Living Expenses (food, etc.): | | |
| | Other: | | |
| | SEMESTER TOTAL: | | |
| | ACADEMIC YEAR TOTAL: | | |

| Sources of Income | Amount |
|--|--------|
| Work: _____ Hours/Wk x \$ _____ /hr x 4 weeks = \$ _____ monthly | |
| Parent's Contribution: | /Sem |
| Scholarships: | /Sem |
| Student Loans (Stafford): | /Sem |
| Parent(s) Loan (Plus): | /Sem |
| Grants (Pell, OIG, etc.): | /Sem |
| | /Sem |
| | /Sem |
| Work Study: | /Sem |
| Break of Summer Employment: | /Sem |
| Other (Investments, trusts, etc.): | /Sem |
| SEMESTER TOTAL: | /Sem |



**KENT STATE UNIVERSITY DEPARTMENT OF RESIDENCE SERVICES
REVIEW OF FINANCIAL AID STATUS**

ONE STOP FOR STUDENT SERVICES OFFICE MUST COMPLETE IF REASON IS FINANCIAL.

Student Name: _____

Kent State ID number: _____ Date: _____

Select an option to receive the completed form if you are **not** visiting the One Stop for Student Services for completion in person:

() Pick-up at One Stop (48 hr. processing) () KSU e-mail: _____

Please choose **one** of the following options:

A. I have been awarded, at least, one of the following: grant, scholarship, tuition waiver, or student loan

_____ I am awarded one of the options above and will attach the printout of my financial aid awards (FlashLine) with the completed Application submitted to the Department of Residence Services.

To print your Financial Aid Awards, log on to FlashLine at <https://login.kent.edu>

1. Choose the Student tab on the left column
2. Under Finances tab click on Financial Aid
3. Select "Financial Aid Awards"
4. Choose the Award Year from the drop-down box and click Submit
5. Click on the Award Overview tab
6. Click on the Print button (highlighted in blue)

B. I will not apply for FAFSA, scholarships, tuition waivers or alternative loans and/ or I am not eligible to receive financial aid or not awarded due to additional documents requirements.

I certify that I have not received any financial aid awards as of _____ (today's date)

Student Signature: _____



TO BE COMPLETED BY THE ONE STOP FOR STUDENT SERVICES

_____ This student is awarded financial aid and viewable on the Student's FlashLine account

_____ This student **is not** receiving federal student aid because:

_____ the student has not applied for federal student aid, received scholarships, tuition waivers

_____ the student's application for federal student aid is partially complete

() documents submitted for review/processing () documents still required

_____ the student is currently ineligible for federal student aid

One Stop Staff Member _____ Date _____

One Stop Staff Title _____ Student Notified Form Completed _____

This is the only page of the exemption that needs to be submitted to One Stop for Student Services. You can submit it for processing in the following ways:

- In Person: One Stop for Student Services, 1st floor, University Library (Kent Campus)
- Contact Us: www.kent.edu/onestop
- Fax: 330-672-6001