



PETITION FOR RELEASE FOR FINANCIAL OR MEDICAL REASON

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.

Please refer to the attached guidelines for more detailed information on required documentation.

When complete, submit all materials to the Accounting Office (Rm. 131) in Korb Hall. 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.

If you have any further questions, please contact your Residence Hall Director or the Accounting office at (330) 672-7021.

Sincerely,
David Taylor, Ph.D.
Associate Director
Department of Residence Services

KENT STATE UNIVERSITY
DEPARTMENT OF RESIDENCE SERVICES
PETITION FOR FINANCIAL/MEDICAL/EXTENUATING CIRCUMSTANCES CONTRACT RELEASE

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

Name: _____ Date: _____

Home Address: _____ Kent State ID number: _____
Street

_____ Phone #: _____
City State Zip

Kent State email address: _____ Hall/Room #: _____

REASON(S) FOR RELEASE REQUEST. PLEASE CHECK THE APPROPRIATE BOX 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.

_____ **OTHER**

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

RETURN COMPLETED FORM(S) TO RESIDENCE SERVICES ACCOUNTING OFFICE, KORB HALL 0131

FINANCIAL WORKSHEET – RESIDENCE SERVICES CONTRACT RELEASE REQUEST

		Fall Semester	Spring Semester
Current Expenses: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>(To arrive at semester amounts, multiply monthly expenses by four)</i> </div>	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:		

		Fall Semester	Spring Semester
Proposed Expenses If Release Were Granted: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>(To arrive at semester amounts, multiply monthly expenses by four)</i> </div>	Room/Apt/House/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:		Start of School Year	Currently
___ Hours/Wk x \$ ___ Hr x 4 weeks = \$ ___ monthly			
Parents Contribution:		/Sem	/Sem
Scholarships:		/Sem	/Sem
Student Loans (Stafford):		/Sem	/Sem
Parents(s) Loan (Plus):		/Sem	/Sem
Grants (Pell, OIG, etc.):		/Sem	/Sem
		/Sem	/Sem
		/Sem	/Sem
Work Study:		/Sem	/Sem
Break of Summer Employment:		/Sem	/Sem
Other (Investments, trusts, etc.):		/Sem	/Sem
SEMESTER TOTAL:			
ACADEMIC YEAR TOTAL:			

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

**THE OFFICE OF STUDENT FINANCIAL AID MUST COMPLETE IF CONTRACT
RELEASE REQUEST REASON IS FINANCIAL**

This form is for certification of financial aid information that will be used to review your request for release from the housing contract. This form is to be completed by the Office of Student Financial Aid. This form is required documentation for your release request packet if your reason is financial.

Student Name: _____

Kent State ID number: _____ Date: _____

Complete and return to student Hold for student pick-up

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 semester	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:

Student Financial Aid Administrator

Date