

**Central State University
Office of Residence Life
RELEASE REQUEST FROM CAMPUS
HOUSING AGREEMENT/ROOM CHARGES/MEAL PLAN**

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/roommate issues, you must contact your Residence Hall Coordinator 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. Complete the Housing Withdrawal Form.**
- 4. Submit your completed packet to the Residence Life Office. An incomplete packet will only delay your case. A packet judged to be incomplete will be returned to you. Students who are released from their Housing Contract must complete a proper checkout within 2 days of release.**

If you need to return your Release Request Forms electronically, please scan and email it to residencelife@centralstate.edu.

When your Release Request Form and typed narrative requesting release is received by the Office of Residence Life, if it is approved, you will be notified by email or phone. Your room and or/board fees will be prorated accordingly.

Release from the Housing Contract 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 life. Your physician **MUST** complete the 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 approved or denied.

Everyone submitting a petition must complete and return the Housing Withdrawal Form.

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

Central State University Office of Residence Life

Housing Contract Release Request Form

Please check one:

Room Only

Board Only

Room & Board

Section 1	General Information	(Please PRINT Clearly)
Name: _____	Date: _____	
Home Address: _____	Student ID#: 000 _____	
City, ST, Zip: _____	Home Ph. #: _____	
Campus Address: _____	Campus Ph. #: _____	
Cell Ph. #: _____	CSU Email: _____	
Class Status (check one):	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore
	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
	<input type="checkbox"/> Grad	
Semester(s) requested for release:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
	<input type="checkbox"/> Summer	

Section 2 Reason(s) for release request Please check appropriate boxes 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.
- Financial** You must attach a typed narrative of the reason for your request to be released. Complete and attach the financial worksheets provided. You must meet with a financial aid counselor to discuss and complete the status form indicating your financial aid options. These forms 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 statements from you Hall Coordinator.

Requests will be considered for the current academic year only. If released, effective date of cancellation will be decided by the Office of Residence Life and any refund of your room and/or board fees will be applied to your account in Cash Management.

Signature of Requestor: _____ **Date:** _____

If released, I would live: Off campus at: _____ At home with my parents at: _____

I plan to eat my meals at: _____

Received by: _____	Date received: _____	Time received: _____
Approved	Denied	Signature
		Date

Central State University/Office of Residence Life
MEDICAL DOCUMENTATION FORM
To be completed by Physician (only if reason for release is medical)
MUST complete this form in its entirety

_____ is petitioning for a release from the Housing Contract. I certify that the above patient has been under my medical care of a period of time of _____ with a diagnosis of _____ . This medical condition is being treated with _____ .

I. Medical Condition

A. Please specifically explain the student's medical condition as related to release from the Housing Contract.

B. What is the housing/meal plan change you are recommending?

C. Why?

II. Environment

A. Please explain the effect of residence hall living/cafeteria dining on the student's condition.

B. Please comment on the advantages of the living space/eating plan 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/meal plan requested. I agree to release those records to the Residence Life Office upon request. I understand that the medical records I send will be kept in the student's confidential file.

Physician signature _____ Date _____

Printed Physician Name _____

Physician Address & Phone Number _____

CENTRAL STATE UNIVERSITY FINANCIAL WORKSHEET-RESIDENCE AGREEMENT RELEASE REQUEST

		Fall	Spring	Summer
Current Expenses: <i>(To arrive at semester amts, multiply monthly expenses by 4)</i>	Room charges	_____	_____	_____
	Meal plan charges	_____	_____	_____
	Tuition charges	_____	_____	_____
	Book charges	_____	_____	_____
	Educational incidentals	_____	_____	_____
	Transportation (car, gas, ins)	_____	_____	_____
	Living expenses (food, etc.)	_____	_____	_____
	Other:	_____	_____	_____
	Semester Totals:	\$ _____	\$ _____	\$ _____
GRAND TOTAL OF ALL SEMESTER:		\$ _____		

		Fall	Spring	Summer
Proposed expenses If release were granted: <i>(To arrive at semester amts, multiply monthly expenses by 4)</i>	Room/Apt/House	_____	_____	_____
	Tuition charges	_____	_____	_____
	Book charges	_____	_____	_____
	Educational incidentals	_____	_____	_____
	Transportation (car, gas, ins)	_____	_____	_____
	Living expenses (food, etc.)	_____	_____	_____
	Other:	_____	_____	_____
	Semester Totals:	\$ _____	\$ _____	\$ _____
GRAND TOTAL OF ALL SEMESTER:		\$ _____		

		Start of School Yr.	Currently
Sources of Income: <i>(To arrive at semester amts, multiply monthly expenses by 4)</i>	Employment with _____ _____ hrs/wk x \$ _____ hr x 4 = \$ _____ mo	_____ /sem	_____ /sem
	Parents Contribution	_____ /sem	_____ /sem
	Financial Aid	_____ /sem	_____ /sem
	Scholarships	_____ /sem	_____ /sem
	Student loans (Stafford)	_____ /sem	_____ /sem
	Parent Loan (PLUS)	_____ /sem	_____ /sem
	Grants (Pell, OIG, etc.)	_____ /sem	_____ /sem
	Work Study	_____ /sem	_____ /sem
	Other:	_____ /sem	_____ /sem
	Break or summer employment	_____ /sem	_____ /sem
Other (Investments, trusts, etc.)	_____ /sem	_____ /sem	
TOTAL SEMESTER INCOME	\$ _____ /sem	\$ _____ /sem	

**CENTRAL STATE UNIVERSITY
OFFICE OF RESIDENCE LIFE
REVIEW OF FINANCIAL AID STATUS
THIS FORM MUST BE COMPLETE IF REASON IS FINANCIAL**

This form is for certification of financial aid information that will be used to review your request for release from your Housing Contract. 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.

Student Name _____ SID # _____

Date _____

Complete and return to student hold for student pick-up Fax to Residence Life 937-376-6638

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 aid.
- this student's application for federal student aid is incomplete.
- this student is currently ineligible for federal student aid.
- this student has chosen not to accept their financial aid.

This student is receiving the following financial aid:

Amount per academic year

- | | |
|--|-------|
| <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 Signature

Date

Financial Aid Administrator Printed Name

Office of Residence Life

937-376-6386 (Phone)

Foundation II, 1st Floor
Central State University
1400 Brush Row Road
Wilberforce, OH 45384-1004

937-376-6638 (Fax)

OFFICIAL HOUSING WITHDRAWAL FORM

PLEASE PRINT

Today's Date _____ Fall Spring Year _____

First Name _____ MI _____ Last Name _____

Student ID# 000 _____ Residence Hall _____ Suite/Room # _____

Residence Hall Coordinator _____

• **Reason(s) for withdrawal:**

- Graduation Disciplinary Financial Health
- Commuter Transferring to another University Other Reasons

• **Mail any refund to the following address:** (Allow 2-3 weeks for processing)

Name _____

Address _____

City _____ State _____ Zip Code _____

Student Signature _____ Date _____

University Personnel Use Only

RESIDENCE HALL COORDINATOR

RESIDENCE HALL COORDINATOR DATE

RESIDENCE LIFE CENTRAL OFFICE

DIRECTOR / ASSOCIATE DIRECTOR DATE