



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

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

**KENT STATE UNIVERSITY DEPARTMENT OF RESIDENCE SERVICES
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 (from/to) with a diagnosis of _____

Please complete this form in its entirety.

I. Medical Condition – Attach additional pages 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 release from the current housing accommodations.

C. What is the housing change 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 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. I agree to release those records to the Department of Residence Services 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